

APR 22 1937

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

12569

1. PLACE OF DEATH  
 County Madison Registration District No. 238  
 Township St. Michael Primary Registration District No. 3028  
 City Fredricktown (No. ....) St. .... Ward)

2. FULL NAME Georgia Blounell  
 (a) Residence, No. .... St. .... Ward. ....  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. ....  
 Registered No. 14  
 St. .... Ward)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 8, 1882

7. AGE YEARS 84 MONTHS 7 DAYS 1 If LESS than 1 day, .... hrs. or .... min.

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

FATHER  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paducah Kentucky  
 13. NAME Dr. L. N. Blounell  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Does not know

MOTHER  
 15. MAIDEN NAME Rebecca  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Does not know

17. INFORMANT Houston Blounell  
 (ADDRESS) .....

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Fredricktown DATE Mar 10, 1937

19. UNDERTAKER Ed. H. Mehl  
 (ADDRESS) Fredricktown

20. FILED Mich 9, 1937 S. C. Slaughter  
 Registrar.  
Ray E. A. Schwaner.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mich 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 22, 1937, to Mich 9, 1937  
 I last saw her alive on Mich 9, 1937. Death is said to have occurred on the date stated above, at 4:30 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Lobar Pneumonia Date of onset Feb 22

Other contributory causes of importance: 108

Name of operation None Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
 Where did injury occur? ..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
 Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO  
 If so, specify .....  
 (Signed) S. C. Slaughter M. D.  
 (Address) Fredricktown Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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