

OCT 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County Crawford  
Township Bellevue  
City Bellevue (No. 1)

Registration District No. 230  
Primary Registration District No. 5312

File No. 34044  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Hazel Clara Blomberg

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8/15/37  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min. 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cuba, Mo.

FATHER 13. NAME John Henry Blomberg

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Elmout Mo. Franklin Co.

MOTHER 15. MAIDEN NAME Agusta Caroline West

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bourbon Mo.

17. INFORMANT Mr. John Blomberg (ADDRESS) Cuba Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bourbon Mo. DATE Aug 19 37

19. UNDERTAKER C.W. Adams (ADDRESS) Bourbon Mo.

20. FILED Sept 1, 1937 J. G. R. Ferry Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/18/1937

22. I HEREBY CERTIFY, That I attended deceased from 8/15/1937 to 8/18/1937

I last saw alive on 8/18/1937 Death is said to have occurred on the date stated above, at 10:00 P.M.

The principal cause of death and related causes of importance were as follows:  
Born Without  
Access to  
Rectum

Other contributory causes of importance: 157d

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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? \_\_\_\_\_  
If so, specify \_\_\_\_\_

(Signed) H. G. McHugh, M. D.

(Address) Cuba Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

78

