REC'D APR 7 1938

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

Do not use this space.

10533

1. PLACE OF DEATH
County Cole
Registration District No. 213
File No.
Township
Primary Registration District No. 3014
Registered No. 100
City Jefferson (No. St Marys Hosp. St. Ward)

2. FULL NAME Mikel B. Blumer 4 S 6
(a) Residence, No. 513 Harrison 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: Male
4. COLOR OR RACE: White
5. ~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ (*write* the word): Married

5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Ellen Berry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 11 1875

7. AGE: YEARS 62 MONTHS 4 DAYS 12 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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 ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osage Co.

FATHER
13. NAME Milton Blumer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole Co.

MOTHER
15. MAIDEN NAME Cora Quick
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osage Co.

17. INFORMANT (ADDRESS) Casper Blumer Jefferson City Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE City Cemetery DATE 3/26 1938

19. UNDERTAKER (ADDRESS) Dawson - Tanner Jefferson City - Mo

20. FILED 3/25 1938 S. V. Bedford M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 23 1938

22. I HEREBY CERTIFY, That I attended deceased from 3/19/ 1938, to 3/23 1938
I last saw him alive on 3/23/ 1938. Death is said to have occurred on the date stated above, at 11 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of skull	
210 MC	

Other contributory causes of importance:

Lobar pneumonia	3/21/38

Name of operation none Date of
What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 3/19/ 1938
Where did injury occur? Dewey Bridge No 63 - Cole Co Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Public place
Manner of injury Pedestrian - Struck by car
Nature of injury Fracture of skull

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) S. V. Bedford, M. D.
(Address) Jeff. City Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.