

REC'D APR 23 1938

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

Do not use this space.

**1. PLACE OF DEATH**County StoddardRegistration District No. 837Township CastroPrimary Registration District No. 6099City Dexter R. R. No. 1

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

12280

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

426

**PERSONAL AND STATISTICAL PARTICULARS**3. SEX Female4. COLOR OR RACE white5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 28, 19367. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 1 5 278. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.   
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) Dexter, Mo.13. NAME Alven Blocker14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Overton, Mo.15. MAIDEN NAME Eva Hunter16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Panna, Mo.17. INFORMANT Alven Blocker (ADDRESS) Dexter, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Panna DATE 3-28 193819. UNDERTAKER Wadding Funeral Home (ADDRESS) Dexter, Mo.20. FILED 3/28, 1938 Margaret Beason Registrar (Address) Dexter, Mo.**MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-27, 193822. I HEREBY CERTIFY, That I attended deceased from 3-20 1938, to 3-27 1938I last saw her alive on 3-24 1938 Death is saidto have occurred on the date stated above, at 1:30 P.

The principal cause of death and related causes of importance were as follows:

Remitting Malaria Fever Date of onset 3-24Other contributory causes of importance: NoneName of operation None Date of \_\_\_\_\_What test confirmed diagnosis? None Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? None Date of injury \_\_\_\_\_, 1938

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

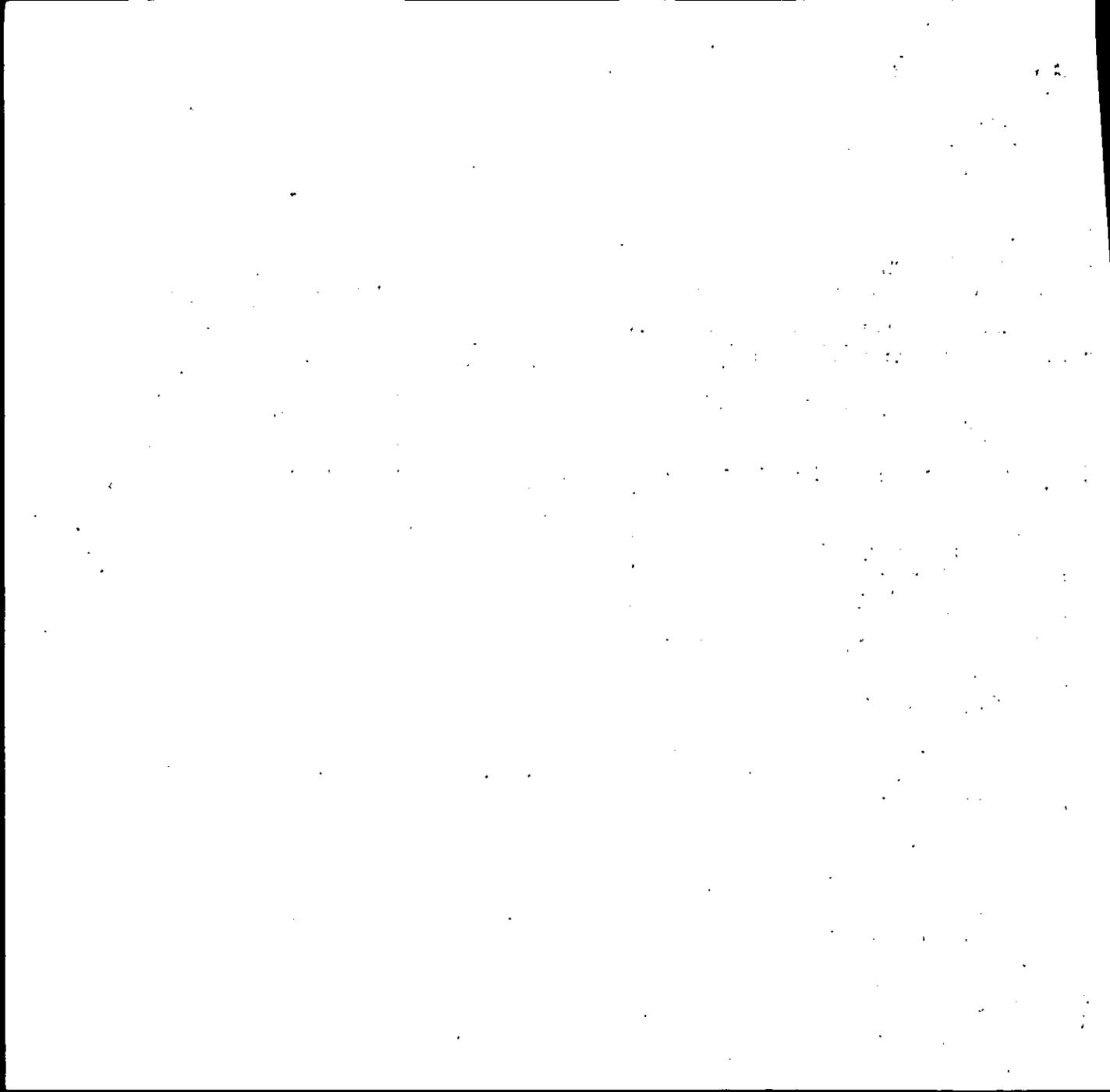
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury NoneNature of injury None24. Was disease or injury in any way related to occupation of deceased? NO

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

(Signed) S. B. Davis, M. D.(Address) Dexter, Mo.

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FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

12280  
Do not use this space.

1. PLACE OF DEATH

(a) County Stoddard Registration District No. 837  
(b) Township Castor Primary Registration District No. 6099  
(c) City..... (d) Street No..... Registered No.....  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (If death occurred in Hospital or Institution, write its name instead of street and number) St.  
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Gladys Luene Blocker  
(a) Residence, No. .... St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 28 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
1 5 27

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as 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) Dexter mo

13. NAME Alvin Blocker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Avert mo

15. MAIDEN NAME Eva Hunter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Parma mo

17. INFORMANT (ADDRESS) Alvin Blocker Dexter mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bernie DATE 3-28 1938

19. FUNERAL DIRECTOR (ADDRESS) Nathaniel Funeral Home Dexter mo

20. FILED Feb-21 1939 Boonie Turch Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-27 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-20 1938 to 3-27 1938

I last saw h. e. alive on 3-24 1938 Death is said to have occurred on the date stated above, at 1:30 p.m.  
The principal cause of death and related causes of importance were as follows:

Remitting malarial fever Date of onset

Other contributory causes of importance: none

Name of operation none Date of.....  
What test confirmed diagnosis? Q 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. S. Davis, M. D.  
(Address) Dexter mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CE... WITH ANY BIDDING INK... THEY ARE COMPLETED AS PR...

