

DEC 13 1938

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

38677
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan, Registration District No. 3
(b) Township St. Joseph, Primary Registration District No. 100
(c) City St. Joseph, (d) Street No. 413 Francis St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Samuel Block

(a) Residence, No. 634 North 24th. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan'y 21, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 10 5

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Merchant
9. Industry or business in which work was done, as saw mill, bank, etc. Retail Clothing
10. Date deceased last worked at this occupation (month and year) November 1928 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rushville, Indiana

FATHER 13. NAME Jacob Block
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, France

MOTHER 15. MAIDEN NAME Fannie Levy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, France

17. INFORMANT (ADDRESS) James N. Block, Chicago, Illinois

18. BURIAL, CREMATION, OR REMOVAL PLACE Adath Joseph Cem. DATE Nov. 28th 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Heaton-Bryant, 319 So. 10th Str. Independence, Mo.

20. FILED Nov 28, 1938 W. J. Nestlebusch E.T. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 24, 1935, to Nov. 26, 1938
I last saw him alive on Nov. 25, 1938. Death is said to have occurred on the date stated above, at 11:00 a.m.
The principal cause of death and related causes of importance were as follows:

Poisoning sclerosis
- funk hypertension 11-20-38
Coronary thrombosis 11-26-38
Other contributory causes of importance: 946

Name of operation None Date of None
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? _____ 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) W. J. Nestlebusch, M. D.
(Address) St. Joseph, 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.

