

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

32862
Do not use this space.

REC'D OCT 12 1939

1. PLACE OF DEATH

(a) County Linn Registration District No. 496

(b) Township Brookfield Primary Registration District No. 3025

(c) City Brookfield (d) Street No. _____ St.

(e) Length of residence in city or town where death occurred yrs. mos. 53 ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Nancy J. Bloomer

(a) Residence, No. Oregon Mo. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13, 1862

7. AGE YEARS 77 MONTHS 4 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home

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) July 24, 1939 11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan County Missouri

13. NAME A. M. Sloan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Credell County Mo

15. MAIDEN NAME Elizabeth J. Hill

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs. J. M. Schumaker 323 So. Monroe Brookfield Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE New Point Mo. DATE Sept. 17 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Pettijohn Funeral Service Oregon Mo.

20. FILED Doc 1 34 Brookfield Mo. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 15 1939

22. I HEREBY CERTIFY, That I attended deceased from July 24 1939 to Sept 15 1939
I last saw him alive on Sept 14 1939 Death is said to have occurred on the date stated above, at 3:50 P. M.
The principal cause of death and related causes of importance were as follows:
Chr. Interstitial Nephritis

Other contributory causes of importance:
Supracondylar fracture of rt femur

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 July 24 1939
Where did injury occur? Oregon Mo.
Specify whether injury occurred in industry, on home, or in public place Home
Manner of injury Fracture fell from chair
Nature of injury Fracture of rt femur

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) J. Lane Evans M. D.
(Address) Brookfield 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.

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RECEIVED
District Health Officer No. 117
District File Number 1039-1247
Date Filed OCT 4 1930

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ~~was~~ ^{will be} embalmed by me, or by _____, Registered Apprentice No. _____, working under my personal supervision.

Signed James H. Pettigrew
Licensed Embalmer No. 3192
P. O. Address Oregon Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.