

SEP 20 1935

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

Do not use this space.

25284

1. PLACE OF DEATH

County Henry
Township Superior
City Montrose (No. _____)

Registration District No. 352
Primary Registration District No. 5493

File No. _____
Registered No. 13
St. _____ Ward _____

2. FULL NAME Bernard Blomert

(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)

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 Mrs Blomert

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 21-1843

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
91 9 27

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

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) Germany

13. NAME Blomert

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Wardoff

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

17. INFORMANT (ADDRESS) John Blomert

18. BURIAL, CREMATION, OR REMOVAL PLACE Montrose DATE Aug 28 35

19. UNDERTAKER (ADDRESS) Welling Bros

20. FILED 8. 27 19 35 J M Miller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 26 35

22. I HEREBY CERTIFY. That I attended deceased from Aug 23rd 1935, to Aug 26th 1935

I last saw him alive on Aug 26th 1935 Death is said to have occurred on the date stated above, at 10:17 m. Aug 26th 35

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

Chronic Nephritis

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Other contributory causes of importance:

Uremic Coma

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) Samuel R. Howard M. D.

(Address) Montrose, Missouri

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