

JAN 19 1937

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

Do not use this space.

44548

1. PLACE OF DEATH

County HENRY Registration District No. 357 File No. \_\_\_\_\_  
Township Farmers Primary Registration District No. A208 Registered No. 16  
City Deepwater, MO (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Paul Eugene Blidsoe

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_ (If nonresident, give city or town and State)  
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 28-1936  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
10 1

8. 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) Deepwater, MO

FATHER 13. NAME Jessie Blidsoe

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

MOTHER 15. MAIDEN NAME Flissie Melder

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

17. INFORMANT Jessie Blidsoe  
(ADDRESS) Deepwater, MO

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Brunswick DATE 12-30-36

19. UNDERTAKER Tom Russell  
(ADDRESS) Deepwater, MO

20. FILED 12-29 1936  
J. Russell  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-29 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-20 1936 to 12-29 1936

I last saw him alive on 12-29 1936 Death is said

to have occurred on the date stated above, at 7 P. m.

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

Flu - Pneumonia  
Date of onset \_\_\_\_\_  
Other contributory causes of importance None

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) J. Russell M. D.  
(Address) Deepwater, 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.

