

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

32579

1. PLACE OF DEATH  
 County Clay Registration District No. 198 File No. \_\_\_\_\_  
 Township Indian River Primary Registration District No. 3011 Registered No. 114  
 City Exp. Spgs. (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME William H Blume  
 (a) Residence No. M.E. Bluthin add St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 16 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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 4 - 1844

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
79 10 11

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Retired Farmer  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 15 - 1923

17. I HEREBY CERTIFY, That I attended deceased from Nov 6 - 1923 to Nov 15 - 1923 that I last saw him alive on Nov 15 - 1923, and that death occurred, on the date stated above, at 7 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Wernia & Septicemia

CONTRIBUTORY (SECONDARY) Prostatic trouble causing retention urine (duration) 4 yrs. mos. ds.

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

10. NAME OF FATHER Don't Know

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

12. MAIDEN NAME OF MOTHER Don't Know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

18. WHERE WAS DISEASE CONTRACTED here IF NOT AT PLACE OF DEATH? 135

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
 (Signed) J. D. Craven, M. D.  
 , 19 (Address) Excelsior Springs, Mo.

14. INFORMANT Wm. Blume  
 (Address) Washington Inn

15. FILED 11/16 1923 J. H. Craven REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Adell d.l. DATE OF BURIAL Nov 18 1923

20. UNDERTAKER John C. Prasher ADDRESS Exp. Spgs.

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.

