OCT 28 1930

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 212

Do not use this space.

26215

1. PLACE OF DEATH

County: Cole — Registration District No. ~~211~~ — File No. ~~22~~

Township: Clark — Primary Registration District No. 5292 — Registered No. ~~214~~ 16

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME: Andrew Bluffberger

(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 91 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Ma le

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: Flizabeth Bluffberger

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 4th 1837

7. AGE: Years 93 — Months 4 — Days 0 — If LESS than 1 day, ... hrs. or ..... min.

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

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

PARENTS

10. NAME OF FATHER: John A.Bluffberger

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Germany

12. MAIDEN NAME OF MOTHER: Anna Pohlmann.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Germany

14. INFORMANT: Mrs Ed Bluffberger
(Address): Russellville Mo

15. FILED: Oct 10-1930, 19 30 — Hugh L Ewing — REGISTRAR — Dr. T. Lee Glover

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug.11th ~~1930~~ 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug. 7th, 19 30, to Aug. 11th 1930 19 that I last saw h. lm alive on Aug 11th 1930, 19 ....., and that death occurred, on the date stated above, at 11 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Enteritis

188 114B

(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (SECONDARY) .....

(duration) ..... yrs. ..... mos. ..... ds.

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

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) C. S. Glover, M. D

8-14-1930 (Address) Russellville Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Lohman Luth. Cemetry.

DATE OF BURIAL: 8-14-30 19

20. UNDERTAKER: Hugo H. Schubert

ADDRESS: Russellvil

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.