

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

Do not use this space.

OCT 28 1930

1. PLACE OF DEATH

County Greene Registration District No. 368 File No. 29644  
Township Springfield Primary Registration District No. 200 Registered No. 714  
City Springfield No. St. Gabriel Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence No. Billing St. \_\_\_\_\_ Ward Ms  
(Usual place of abode) (If nonresident, give city or town and State)  
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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Charlie Stroehfeld

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 7-18-92

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
38 4 15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Marionville  
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Andy G. Blewins

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Warrensburg  
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Nancy Blevins

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Warrensburg  
(STATE OR COUNTRY) Missouri

14. INFORMANT Charlie Stroehfeld  
(Address) Billing, Mo

15. FILED 9-22-1930 For Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-22-1930

I HEREBY CERTIFY, That I attended deceased from Sept 20, 1930, to Sept 22, 1930 that I last saw him 4 alive on Sept 22, 1930, and that death occurred, on the date stated above at 11 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Acute appendicitis  
121B

CONTRIBUTORY (SECONDARY)

117B  
(duration) yrs. mos. ds.  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH... 1 DID AN OPERATION PRECEDE DEATH Yes DATE OF Sept 20. 30

WAS THERE AN AUTOPSY? \_\_\_\_\_  
WHAT TEST CONFIRMED DIAGNOSIS James E. Drury M. D.  
(Signed) \_\_\_\_\_  
(Address) Springfield 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 Billing Mo. DATE OF BURIAL Sept 24 1930

20. UNDERTAKER A. S. Wallace & Co. Billing Mo. ADDRESS

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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