

WRITE CLEARLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

SEP 23 1932

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

Do not use this space.

26086

1. PLACE OF DEATH

County Jackson
Township Blue
City Independence (No. 1620 North Lynn)

Registration District No. 398
Primary Registration District No. 5534

File No. _____
Registered No. 251
St. _____ Ward)

2. FULL NAME

(a) Residence, No. 1620 North Lynn Ward.

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 Single (Write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 9-1912

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 19 11 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. motion picture operator 281

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Majestic theater

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) Rosedale Kansas

13. NAME George W. Bly

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marysville Missouri

15. MAIDEN NAME Flora Harris

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waller county Mo

17. INFORMANT (ADDRESS) Mrs. Flora Bly 1620 North Lynn St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mound Grove DATE Aug 6 1932

19. UNDERTAKER (ADDRESS) Carson Funeral Home Independence Mo

20. FILED Aug. 5 1932 J. Coal Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 4 1932

22. I HEREBY CERTIFY, That I attended deceased from 8-4-32 19. to 8-4-32 19.

I last saw him alive on 8-4-32 19. Death is said

to have occurred on the date stated above, at 4:30 p.m.

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

Dementia Praecox Date of onset 6-15-32

Broncho pneumonia
bilateral - 10/1/32

Other contributory causes of importance: 10/1/32

(A) Name of operation _____ Date of _____

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

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? no

If so, specify _____

(Signed) Raymond J. Hard MD M. D.

(Address) Independence Mo

