WRITE PLAINLY, 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.

JAN 5 1933

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

Do not use this space.

37048

File No.

Registered No. 380

1. PLACE OF DEATH

96 County St. Louis Registration District No. 1123

Township Carondelet Primary Registration District No. 6248 B

City Jefferson Barracks (No. Veterans Administration Hospital St. Ward)

2. FULL NAME Robert Jason Blunt

(a) Residence, No. Fredericktown, St., Ward. Missouri
(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: 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: Mrs. Esther Blunt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): August 22, 1894

7. AGE: Years 38 | Months 3 | Days 1 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Minister 19

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): Nov. 1932

11. Total time (years) spent in this occupation: 13 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Festus, Missouri 1

FATHER

13. NAME: Robert L. Blunt 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unavailable Missouri

MOTHER

15. MAIDEN NAME: Mary Cook

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unavailable Missouri

17. INFORMANT (ADDRESS): C. H. SMITH, M.D., Veterans Administration Hosp., Jefferson Brks. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Festus Mo DATE Nov 26, 1932

19. UNDERTAKER (ADDRESS): A. W. McLaughlin 631 Trigg St. Mo

20. FILED Nov. 23, 1932 L. C. Obert M.D.
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): November 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from November 18, 1932, to November 23, 1932

I last saw him alive on November 23, 1932. Death is said to have occurred on the date stated above, at 12:50pm

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

	Date of onset
Acute diffuse peritonitis	
121	
121	
129	
Other contributory causes of importance: Ruptured appendix	
Appendectomy with multiple abdominal drainage	

121 ①

Name of operation Date of 11/18/32

What test confirmed diagnosis? Physical exam, clinical & lab. find Was there an autopsy? No

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) H. C. GIBBS CM. M.D., Veterans Admin. M. D.
(Address) Istration Hosp., Jefferson Brks., Mo.