

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

Do not use this space.

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1. PLACE OF DEATH

County Greene
Township Jackson
City (No. _____) _____ St. _____ Ward _____

Registration District No. 330
Primary Registration District No. 5460

File No. _____
Registered No. _____

2. FULL NAME

Ethel Glendora Blumson

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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 Female 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 Harry Blumson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 4 - 1909

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
23 11 24

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Housewife

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

10. Date deceased last worked at this occupation (month and year) Jan 1, 1933 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Meriden, Conn.

13. NAME Albert F. Blifters

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Meriden, Conn.

15. MAIDEN NAME Frances H. Parillo

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Meriden, Conn.

17. INFORMANT (ADDRESS) Albert F. Blifters, Meriden, Conn.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Hubert Cem. DATE 1-31, 1933

19. UNDERTAKER (ADDRESS) E. J. Robertson, Jards, Mo.

20. FILED 22 Sept, 1933 E. A. Duffey Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1932, to Jan 30, 1933. I last saw him alive on Jan 30, 1933. Death is said to have occurred on the date stated above, at 3:00 p. m.

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

Lobar Pneumonia
1932
1933
1933

Other contributory cause of importance: Placenta previa + Anemia deliriosa
7 months preg. Jan 1933

Name of operation _____ Date of _____
What test confirmed diagnosis? ✓ Was there an autopsy? 20

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) E. J. Blumson, M. D.
(Address) J. Blumson, Mo.

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.

OCT 20 1933

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