

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

Do not use this space.

42028

JAN 14 1935

1. PLACE OF DEATH

County Buchanan Registration District No. 85 File No. _____
 Township _____ Primary Registration District No. 1001 Registered No. 1362
 City St. Joseph (No. 1908 Bartlett) St. _____ Ward _____

2. FULL NAME James Blizzard

(a) Residence, No. 1908 Bartlett St. _____ Ward _____ (If nonresident, give city or town and State)
 (Usual place of abode)
 Length of residence in city or town where death occurred 12 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 Rosie Blizzard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 10, 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
72 4 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retire Farmer

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) 1924 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Jamesport
 (STATE OR COUNTRY) Missouri

13. NAME John Blizzard

14. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Jennie Ham

16. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. Charles Blizzard
 (ADDRESS) 1908 Bartlett St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Jamesport DATE 12-14-1934

19. UNDERTAKER Club Mort Inc
 (ADDRESS) _____

20. FILED 12-13 1934 John R Bender
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1934 to Dec 11 1934

I last saw alive on Dec 11 1934 Death is said to have occurred on the date stated above, at 2 P m.

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

Cerebral hemorrhage Date of onset 3 days
82A 82a 1
77

Other contributory causes of importance: arteriosclerosis 2 yrs

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical No (Specify city or town, county, and State)

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 _____
 (Signature) Charles H. Werner M. D.
 (Address) 407 Hurkpatrick Rd

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.

