

No property assessed. Exact statement of OCCUPATION is very important.

JAN 20 1935

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

Do not use this space.

44108

1. PLACE OF DEATH

County Randolph
Township Union
City (No.)

Registration District No. 735
Primary Registration District No. 3971

File No. _____
Registered No. 241
St. _____ Ward _____

2. FULL NAME

Francis Adolph Bly

(a) Residence, No. Moberly R. 711 St. # 2 Ward _____
(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Belle Rosie Bly</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 1st 1854</u>		
7. AGE	YEARS <u>80</u>	MONTHS <u>1</u>
	DAY <u>6</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Sweden

13. NAME
No data

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

15. MAIDEN NAME
" "

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

17. INFORMANT (ADDRESS)
Mrs Belle Rosie Bly RFD # 2 Moberly Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE
Moberly Mo DATE Dec 9th 1934

19. UNDERTAKER (ADDRESS)
Mahan and Son Moberly Mo

20. FILED 12/9 1934 Virginia Calder Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 7th 1934

22. I HEREBY CERTIFY That I attended deceased from

July 1934 to Dec 7th 1934
I last saw him alive on Dec 7th 1934 Death is said to have occurred on the date stated above, at 10:30 p.m.

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

Pulmonary Terminal
paralysis of several groups of striated muscles
Date of onset _____

Other contributory causes of importance:
paralysis of several groups of striated muscles

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

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) M. D. Gussler, M. D.

(Address) Moberly Mo

1945

1. The first part of the report deals with the general situation in the country. It is noted that the economy is still in a state of depression, and that the government is struggling to meet its obligations. The report also mentions that the population is suffering from a lack of food and clothing, and that the government is trying to do its best to provide relief.

2. The second part of the report discusses the political situation. It is noted that the government is still in a state of transition, and that there are many different groups vying for power. The report also mentions that the military is still a major force in the country, and that it is trying to establish its own authority.

3. The third part of the report deals with the social situation. It is noted that there is a high level of unemployment, and that many people are living in poverty. The report also mentions that there is a lack of education and healthcare, and that the government is trying to do its best to improve these services.

4. The fourth part of the report discusses the foreign relations of the country. It is noted that the country is still trying to establish its independence, and that it is trying to build relationships with other countries. The report also mentions that the country is still a member of the United Nations, and that it is trying to play an active role in the world.

5. The fifth part of the report deals with the future of the country. It is noted that there are many challenges ahead, but that there is also a lot of potential. The report also mentions that the government is trying to do its best to improve the country, and that it is hoping for a better future.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Randolph
Township.....
City..... (No.)

Registration District No. 735
Primary Registration District No. 5971

File No.
Registered No. 241 St. Ward)

2. FULL NAME

Froner Adolph Bly

(a) Residence, No. St. Ward.
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 7, 19 34

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

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....
I last saw h..... alive on, 19..... Death is said to have occurred on the date stated above, at.....m.

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 1 6

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

Pregnancy Date of onset

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

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

Other contributory causes of importance:
Paralysis (cerebral hemorrhage) Hemiplegia followed by illness of several years.

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

13. NAME

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

15. MAIDEN NAME

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

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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.....

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE..... DATE....., 19.....

19. UNDERTAKER (ADDRESS)

20. FILED 735 19 35 Theresa Walker Registrar

(Signed)....., M. D.
(Address).....

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

FEB 4 1935

MAR 29 1935

S-44108