JAN 18 1938

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

Dr. Delzell
Do not use this space.

File No. 45406
Registered No. 1192

1. PLACE OF DEATH
County Greene — Registration District No. 315
Township — Primary Registration District No. 2001
City Springfield, Mo. (No. City Hosp. St. Ward)

2. FULL NAME Infant Son of Mr. Mrs. Geo. Blevens
(a) Residence, No. Willard Mo. Route #2 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

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 22, 1937

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
✓	0	0	0	

OCCUPATION
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield, Missouri

FATHER
13. NAME Geo Blevens
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Glidewell, Missouri

MOTHER
15. MAIDEN NAME Myrtle Huff
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield, Missouri

17. INFORMANT Mrs. Geo Blevens
(ADDRESS) Willard, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hazelwood DATE Dec 23, 1937

19. UNDERTAKER H. H. Lohmeyer Funeral Home
(ADDRESS) Springfield, Mo.

20. FILED Dec 23, 1937 Chas A Georgeson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 22, 1937, to Dec 22, 1937
I last saw him alive on Still Born, 1937. Death is said to have occurred on the date stated above, at 5 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Still Born	

Other contributory causes of importance: Detached Placenta

Name of operation None Date of
What test confirmed diagnosis? Clinical 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) W A Dehl, M. D.
(Address) Springfield 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.