

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

Do not use this space.

39134

1. PLACE OF DEATH

County Linn
Township Excelsior
City (No.)

Registration District No. 824
Primary Registration District No. 6276

File No.
Registered No.
St. Ward

2. FULL NAME

Henry Bloom Jr

(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

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov-23-28

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

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employee)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Antkiewicz
(STATE OR COUNTRY)

10. NAME OF FATHER Henry J. Bloom

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ill
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Alice Hake

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ill
(STATE OR COUNTRY)

14. INFORMANT H. J. Bloom
(Address) Mo

15. FILED 11-24-28 Frank Hyde REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 23- 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov-23-1928, to Nov-23-1928, that I last saw him alive on Nov-23-1928, and that death occurred, on the date stated above, at 10 AM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature Birth

CONTRIBUTORY (SECONDARY) 16/10
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?

19. DID AN OPERATION PRECEDE DEATH?

20. WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Frank Hyde M. D.
11-24-1928 (Address) Excelsior Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Hillow Springs Mo DATE OF BURIAL 11-24-28

20. UNDERTAKER J. R. Burns ADDRESS Hillow Springs 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.

1928

