

APR 23 1930

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

Do not use this space.

7952

1. PLACE OF DEATH

County Lape Girardeau
Township "
City "

Registration District No. 125
Primary Registration District No. 3009
(No. So. E. Mo. Hospital)

File No. _____
Registered No. 331
St. _____ Ward _____

2. FULL NAME

George D. Blingsmith
(a) Residence. No. Neelys Landing 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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 16 - 1907

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
22. 6 19

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer. 121B 122B
(b) General nature of industry, business, or establishment in which employed (or employer) ✓ 129
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Neelys Landing Mo.

10. NAME OF FATHER Charles Blingsmith

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Neelys Landing Mo.

12. MAIDEN NAME OF MOTHER Bessie Sides

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Neelys Landing Mo.

14. INFORMANT Charles Blingsmith
(Address) Neelys Landing Mo.

15. FILED 3/8 1930 W.C. Koemfger REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-7-30

17. I HEREBY CERTIFY, That I attended deceased from 2-15-30, 1930, to 3-7-30, 1930 that I last saw him alive on 3-7-30 and that death occurred, on the date stated above, at 11:30 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Peritonitis

Appendicitis perforated
Obstruction of bowels
CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds. 7

18. WHERE WAS DISEASE CONTRACTED? Neelys Landing Mo.
IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? yes DATE OF 2-15-30

WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Physical
(Signed) D. H. Stock M. D.

3-7-30 (Address) Cape Girardeau
*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 New Bethel Cem. DATE OF BURIAL Mar 8 1930

20. UNDERTAKER Walthus Und. Co. Cape Gir Mo. ADDRESS _____

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.

