

OCT 30 1930

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

Do not use this space.

1. PLACE OF DEATH

County Monteau
Township Walker
City (No.)

Registration District No. 571
Primary Registration District No. 5769

File No. 30561
Registered No.
St. Ward

2. FULL NAME

Kathryn Lavern Bloch

(a) Residence. No. St. Ward
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

Wh.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

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

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

Sept 26 - 1930

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

Monteau Co.

10. NAME OF FATHER

Oscar Bloch

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

Monteau Co.

12. MAIDEN NAME OF MOTHER

Mary Oserky

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

Monteau

14. INFORMANT (Address)

Oscar Bloch
California Mo.

15. Sept 29, 1930

Jacob Bloch
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 28 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 27, 1930 to Sept 28, 1930 that I last saw her alive on Sept 28, 1930, and that death occurred, on the date stated above, at 3 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Unknown

3 hrs. (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Supposed Heart

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) L M Gray, M. D.

Sept 29, 1930 (Address) California 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

DATE OF BURIAL

City Center

9/29 1930

20. UNDERTAKER

ADDRESS

William & Friedman California

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.

