

REC'D JUN 9 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

17685
Do not use this space.

1. PLACE OF DEATH

(a) County Boone
 (b) Township Columbia
 (c) City Columbia

Registration District No. 73Primary Registration District No. 3006Registered No. 117

(d) Street No. _____

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

George Godfrey Blaser 421(a) Residence, No. 212 So WilliamsSt. ☐

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

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 OFSarah E Blaser

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

May 1 1866

7. AGE

YEARS

72

MONTHS

2

DAYS

16

If LESS than 1

day, _____ hrs.

or _____ min.

OCCUPATION

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

Plaster &

9. Industry or business in which work was done, as saw mill, bank, etc.

Stone Mason

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

APR 15 1938

12. BIRTHPLACE (CITY OR TOWN)

Longnan

(STATE OR COUNTRY)

Switzerland

FATHER

13. NAME

Peter Blaser

14. BIRTHPLACE (CITY OR TOWN)

Switzerland

(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME

Anna M Oxburg

16. BIRTHPLACE (CITY OR TOWN)

Switzerland

(STATE OR COUNTRY)

17. INFORMANT

(ADDRESS)

Frank M. Blaser

18. BURIAL

PLACE

California

DATE

May 19th 1938

19. FUNERAL DIRECTOR

(ADDRESS)

R. O. WillettColumbia, Mo.

20. FILED

5/18/1938Allie Selby

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17 1938

22. I HEREBY CERTIFY, That I attended deceased from

Apr 20, 1938, to May 17, 1938.I last saw him alive on 4/17/38, 1938. Death is saidto have occurred on the date stated above, at 4:40 P. M.

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

Pancreatic Cancer

Date of onset

Other contributory causes of importance:

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 _____, 1938.

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) Colin L. S. No 1, M. D.

741 (Address) _____

DEC 1 1949

STATEMENT BY LICENSED EMBALMER

I, Lyman H. Sprinkle

Licensed Embalmer No.

4013

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. H. Sprinkle

L. E.

No. _____ or by _____
working under my personal supervision.

Registered Apprentice No.

Signed

Lyman H. Sprinkle

Licensed Embalmer No.

4013

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)