

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.

JAN 21 1937

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

Do not use this space.

45531

1. PLACE OF DEATH

County Montana
Township Walker
City California (No.)

Registration District No. 571
Primary Registration District No. 4335

File No.
Registered No.
St. Ward

2. FULL NAME

(a) Residence, No. St. Ward
(Usual place of abode)
Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? 56 yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Julia E. Blumstengel</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 9, 1859</u>		
7. AGE YEARS <u>77</u>	MONTHS <u>2</u>	DAYS <u>25</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Handloom merchant</u>		
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) <u>Lohstadt Germany</u>		
13. NAME <u>Carl Blumstengel</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT (ADDRESS) <u>Mrs J. A. Burke Jr</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>California</u> DATE <u>Dec. 5</u>		
19. UNDERTAKER (ADDRESS) <u>J. W. Wilson & Son</u> <u>California, Mo.</u>		
20. FILED <u>12-21-</u> 19 <u>36</u> <u>R. R. Roffey</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>12-24</u> 19 <u>36</u>	
22. I HEREBY CERTIFY, That I attended deceased from <u>January 1</u> , 19 <u>26</u> to <u>Dec 4</u> , 19 <u>36</u> I last saw him alive on <u>Jan 4</u> , 19 <u>36</u> Death is said to have occurred on the date stated above, at <u>1:44 a.m.</u> The principal cause of death and related causes of importance were as follows: <u>Arteriosclerosis</u> Date of onset	
Other contributory causes of importance <u>67</u>	
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	
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) <u>John A. Burke</u> , M. D.	
(Address) <u>California, Mo.</u>	

