

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

Do not use this space.

40415

1. PLACE OF DEATH

County Lawrence Registration District No. 471
Township Pierce Primary Registration District No. 5634
City..... (No.....) St..... Ward.....

File No.....
Registered No. 1

2. FULL NAME

Christopher Frederick Blingler

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clara Blingler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 11 1886
7. AGE YEARS 45 MONTHS 9 DAYS 20 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
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) Williams Co 2 Ohio

FATHER
13. NAME Frederick Blingler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Rose Phillips
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT J. F. Blingler
(ADDRESS) Wentworth Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Marys Cemetery DATE Jan 3 1932

19. UNDERTAKER Wm Wessell Jr.
(ADDRESS) Pierce City Mo.

20. FILED 1/2 1932 H. Ross Clark
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 31 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 25th 1932, to Dec 31st 1932
I last saw him alive on Dec 30th 1932 Death is said to have occurred on the date stated above, at 1-11 a.m.
The principal cause of death and related causes of importance were as follows:

IIA
107 Influenza
Other contributory causes of importance: Broncho-Pneumonia ①
Date of onset See 23
3 days

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....., 19.....
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) E. B. Wright M. D.
(Address) Pierce City, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

