

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.

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

Do not use this space.

35281

1. PLACE OF DEATH

County Perry Co. Registration District No. 657  
Township Brazos Primary Registration District No. 5874  
City New Liberty (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 16

2. FULL NAME

John Frederick William Bloss

(a) Residence, No. near Jackson mo. 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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Anna Bloss</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 23 1860</u>		
7. AGE YEARS <u>71</u>	MONTHS <u>4</u>	DAYS <u>7</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired farmer</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>		
10. Date deceased last worked at this occupation (month and year) <u>✓</u>		11. Total time (years) spent in this occupation <u>✓</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>near Jackson mo</u>		
FATHER	13. NAME <u>Christiane Bloss</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Kathrine Wettenge</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT <u>William Nagel</u> (ADDRESS) <u>Jackson mo. R.R. #1</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Goddsville mo</u> DATE <u>Nov. 1 1931</u>		
19. UNDERTAKER <u>Crawford Miller</u> (ADDRESS) <u>Jackson mo.</u>		
20. FILED <u>1101</u> 19 <u>31</u> <u>E. Poppitt</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-30-1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 11 1931 to Oct 17 1931  
I last saw him alive on Oct 12 1931. Death is said to have occurred on the date stated above, at 2 A m.  
The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorrhage Date of onset 1930  
131  
90A  
Other contributory causes of importance:  
Chronic Nephritis 1929

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) G. R. Schwan, M. D.  
(Address) Jackson mo

