

PLACE OF DEATH

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHCounty MercerTownship Marion

Village

City

Registration District No. 553File No. 15014Primary Registration District No. 5746Registered No. 13

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME John David Blanchard

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE White SINGLE Single
MARRIED
WIDOWED
OR DIVORCED
(Write the word)DATE OF BIRTH Nov. 15, 1890
(Month) (Day) (Year)AGE 20 yrs. 40 mos. 20 ds. IF LESS than
1 day, hrs. or min.?OCCUPATION
(a) Trade, profession, or particular kind of work Grocery Clerk
(b) General nature of industry, business, or establishment in which employed (or employer)BIRTHPLACE
(City or town, State or foreign country) NebraskaNAME OF FATHER Levi BlanchardBIRTHPLACE OF FATHER
(City or town, State or foreign country) Mo.MAIDEN NAME OF MOTHER Anna Ann EdmanBIRTHPLACE OF MOTHER
(City or town, State or foreign country) Ohio

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Levi Blanchard(ADDRESS) Linnville, Ia.Filed Apr 7, 1911 C. A. Dickett

REGISTRAR

3

DATE OF DEATH April 5, 1911
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from Jan 23, 1911, to April 5, 1911, that I last saw him alive on Feb 21, 1911, and that death occurred, on the date stated above, at 11:40 m.

The CAUSE OF DEATH* was as follows:

A Tuberculosis of lungs
breakage of all valves of
heart, immediate cause
heart failure
(Duration) 1 yrs. 0 mos. 6 ds.Contributory Tuberculosis of lungs
(SECONDARY) (Duration) 1 yrs. 0 mos. 6 ds.(Signed) Karl R. Huff M. D.
April 6, 1911 (Address) Linnville, Ia.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death 1 yrs. 0 mos. 6 ds. In the State 1 yrs. 0 mos. 6 ds.

Where was disease contracted if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

South Linnville4/7, 1911

UNDERTAKER

ADDRESS

O. C. GreenleeLinnville, Ia.

United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The

Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicæmia*," "PUERPERAL

MISSOURI
BUREAU

PLACE OF DEATH

County _____
Township _____
or _____
Village _____
or _____
City _____
Registration District No. _____
Primary Registration District No. _____
(NO. _____)

FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
DATE OF BIRTH _____ (Month) _____ (Day) _____ (Year) _____		
AGE	If LESS than 1 day, _____ hrs. or _____ min.? _____ yrs. _____ mos. _____ ds.	
OCCUPATION (a) Trade, profession, or particular kind of work _____ (b) General nature of industry, business, or establishment in which employed (or employer) _____		

BIRTHPLACE
(City or town,
State or foreign country)

NAME OF FATHER	BIRTHPLACE OF FATHER (City or town, State or foreign country)
MAIDEN NAME OF MOTHER	BIRTHPLACE OF MOTHER (City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(ADDRESS)

Filed _____ 191_____

REGISTRAR

MEDICAL

DATE OF DEATH

I HEREBY

that I last saw him _____
and that death occurred _____
The CAUSE OF DEATH _____

Contributory
(SECONDARY)

(Signed) _____

* State the Disease Causing
(1) Means of Injury; and (2) w
LENGTH OF RESIDENCE
RECENT RESIDENTS
At place of death _____ yrs. _____ mo.
Where was disease contracted?
If not at place of death _____
Former or usual residence _____

PLACE OF BURIAL OR

UNDERTAKER