

OCT 2 1927

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

Do not use this space.
25280

1. PLACE OF DEATH
County St. Francois Registration District No. 771 File No. _____
Township Bismarck Primary Registration District No. 4462 Registered No. _____
City Bismarck (No. _____) St. _____ Ward _____

2. FULL NAME Irving Edmond Blanton
(a) Residence, No. _____ St. _____ 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 M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 14 1897
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 7 - 16
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work 1
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Campbell (STATE OR COUNTRY) Mo
10. NAME OF FATHER J & Blanton
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Acadia (STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Casa H Kelley
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Piedmont (STATE OR COUNTRY) Mo

PARENTS

14. INFORMANT J & Blanton (Address) Bismarck Mo
15. FILED Aug 15 1927 J.W. Gale REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 15 - 1927
17. I HEREBY CERTIFY, That I attended deceased from July 14 - 1927, to Aug 15 - 1927 that I last saw h. 17m alive on Aug 14, 1927, and that death occurred, on the date stated above, at 4 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diabetes Mellitus

CONTRIBUTORY (SECONDARY) 57 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Home
IF NOT AT PLACE OF DEATH: _____
19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Laboratory
(Signed) J.W. Gale M. D.
Aug 15, 1927 (Address) Bismarck Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bismarck Mo DATE OF BURIAL 8-17 1927
20. UNDERTAKER Hill & White ADDRESS Bismarck Mo

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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County St. Francois Registration District No. 441 File No.
 Township Primary Registration District No. 4402 Registered No.
 City Bismarck (No.) St. Ward)

2. FULL NAME

Living Esmond Blanton
 (a) Residence No. St. 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF July 31 - 1920

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
7 14

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

14.

INFORMANT (Address) J. T. Gale, Jr.

15.

Aug 16, 1927 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 15 1927

17. I HEREBY CERTIFY That I attended deceased from 19....., 19..... that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed)....., M. D.

, 19 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

19

20. UNDERTAKER

ADDRESS

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COM

SUPPLEMENTARY

S-25280