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

Do not use this space.

36637

1012

3345480

410

1. PLACE OF DEATH

County: Harrison

Township:

City: Bethany

No. St. Ward)

Registration District No.: 3345480

Primary Registration District No.: 1012

File No.: 410

Registered No.:

2. FULL NAME William Grant Blessing

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

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~: Ella Blessing

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 9-13-1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	3	8	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(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): Harrison Co. Mo.

PARENTS

10. NAME OF FATHER: Wm Blessing

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Do not Know

12. MAIDEN NAME OF MOTHER: Mary Elliff

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Do not Know

14. INFORMANT: Oran J Blessing
(Address): Bethany Mo.

15. FILED 1-10, 1928 W. J. Harned REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 12-21 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec 19 28, 19..., to Dec 21, 19 27, that I last saw he alive on Dec 21 -, 19 27, and that death occurred, on the date stated above, at 3 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy

Cerebral

Hemorrhage

(duration) yrs. mos. 2 1/2 ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) T. R. Boyles, M. D

Dec 22, 1927 (Address) Bethany Mo.

*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: Miriam Cemetery — DATE OF BURIAL: 12-22 1927

20. UNDERTAKER: S M Haas — ADDRESS: Bethany Mo

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.

8.—Every item of information should be carefully supplied.

CAUSE OF DEATH in plain terms so that it may be properly

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County: Harrison — Registration District No.: 1012 — File No.: 415
Township: Butler — Primary Registration District No.: 5480 — Registered No.:
City: (No. , St. Ward)

2. FULL NAME William Grant Blessing
(a) Residence. No. St., Ward. (If nonresident give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ella Blessing

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9-13-1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	3	8	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(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) Harrison Co Mo

PARENTS
10. NAME OF FATHER Wm Blessing
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Do Not Know
12. MAIDEN NAME OF MOTHER Judy Ellis
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Do Not Know

14. INFORMANT Oran J. Blessing
(Address) Bethany Mo

15. FILED Jan 26, 1928 Mrs Warren Reed REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-21 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec 18th, 1927 to Dec 21, 1927 that I last saw him alive on Dec 21, 1927, and that death occurred, on the date stated above, at 3-a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy
(duration) yrs. mos. 2½ ds.
CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) O. A. Broyles, M. D
, 19 (Address) Bethany Mo

*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: Merriam Cemetery — DATE OF BURIAL: 12-22 1927
20. UNDERTAKER: S. M. Hood — ADDRESS: Bethany Mo

SUPPLEMENTAL

N. B.—Every item of information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. properly classified.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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