

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

28223

1. PLACE OF DEATH

County Rolls
 Township Clark
 City Hannibal

Registration District No. 728
 Primary Registration District No. 5964
 (No. U.B.F. Home)

File No. _____
 Registered No. 327
 St. _____ Ward _____

2. FULL NAME

Wm Blancey
 (a) Residence, No. U.B.F. Home St. _____ Ward _____
 (Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Col

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

Hattie Blancey

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

about 1863

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
 day, _____ hrs.
 or _____ min.

about 65

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
 particular kind of work

Laborer

(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)

New Madrid
Mo

10. NAME OF FATHER

no record

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

No Record

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

14.

INFORMANT
 (Address)

J. Franklin
U.B.F. Home

15.

FILED

8/17 1928
Minnie Short

MEDICAL CERTIFICATE OF DEATH

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

8-10 1928

17.

I HEREBY CERTIFY That I attended deceased from _____
Aug 10, 1928 to _____
1:45 p.m.
 that I last saw him alive on _____
Aug 1, 1928, and that
 death occurred, on the date stated above, at _____
1:45 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Post. Know, Patient
Maribund, where
was called,
2012B

CONTRIBUTORY (SECONDARY)

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)

A.W. Roy, M.D.
 , 19 (Address) 1216

*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

Robinson Cem

8/17 1928

20. UNDERTAKER

ADDRESS

Gav & Roberts

Hannibal

27 1928

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.

