

JAN 25 1929

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

Do not use this space.

41797

1. PLACE OF DEATH

County Morgan
Township Narrowcreek
City (No.)

Registration District No. 919
Primary Registration District No. 57939

File No.
Registered No. 54
St. Ward

2. FULL NAME Neva May Blanks

(a) Residence No. 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 5 1923

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
5 9 26

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) Versailles
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Roy Blanks

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Versailles
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Edna May Cooper

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Morgan Co Mo
(STATE OR COUNTRY)

14. INFORMANT Mrs Roy Blanks
(Address) Stover Mo

15. Jan 10th 1929 Wm Lippinger
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 1 1928

17. I HEREBY CERTIFY, That I attended deceased from , 1928, to , 1928, that I last saw alive on , 1928, and that death occurred, on the date stated above, at 10:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Accidental Gun shot
Wound of Neck
183 (duration) Instant yrs. mos. da.

CONTRIBUTORY (SECONDARY) 183 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH:

DID AN OPERATION PRECEDE DEATH? Mo DATE OF

WAS THERE AN AUTOPSY? Mo

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Chas A. West, M. D.

(Address) Stover 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 Freedom Cem DATE OF BURIAL Dec 2 1928

20. UNDERTAKER Friends ADDRESS Stover Mo

