

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

Do not use this space.

5509

1. PLACE OF DEATH

County Buchanan Registration District No. 85 File No. _____
 Township Washington Primary Registration District No. 1001 Registered No. 172
 City St. Joseph (No. 1334 South 15th St. Ward)

2. FULL NAME

(a) Residence. No. De Salk County St. Ward. Sumner, De Salk Co., Mo.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 1 1/2 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 W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Febr 16, 1829

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
99 | 11 | 25

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retiree Farmer (duration) _____ yrs. _____ mos. _____ ds.
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Louisville (STATE OR COUNTRY) Kentucky

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT John Blankenship (Address) 1421 Spr 10 St

15. FILED 12 1929 REGISTRAR J. S.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Febr 11 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 3 1929 to Feb 3 1929 that I last saw him alive on Feb. 3, 1929 and that death occurred, on the date stated above, at 5:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arterio Sclerosis
115
99 115
 CONTRIBUTORY La Grippe (SECONDARY) (duration) _____ yrs. _____ mos. 10 da.

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? Clinical
 (Signed) Godwin Wright M. D.
 (Address) 845 So 19th St. Jai 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 Freeman Cemetery DATE OF BURIAL Febr 13, 1929

20. UNDERTAKER E. W. Siderfaden ADDRESS 602 So. 10

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

APR 21 1929
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