

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.

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

Do not use this space.

6996

1. PLACE OF DEATH

County Jefferson
Township Rock
City (No.) St. Ward)

Registration District No. 423
Primary Registration District No. 5578

File No. 5
Registered No.

2. FULL NAME

Peter Blank
(a) Residence. No. Maxville Mo St. Ward.
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 11th 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 | 0 | 27

8. OCCUPATION OF DECEASED Pet Farmer
(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) Kennswick Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Martin Blank

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

12. MAIDEN NAME OF MOTHER Not Known

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

14. INFORMANT Fred Blank
(Address) Kennswick Mo

15. FILE NO. 379 1929 H. W. Edel REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 8 1929

17. I HEREBY CERTIFY, That I attended deceased from for 3 or 4 years, 19... to Feb 8, 1929 that I last saw h... alive on Feb 6, 1929, and that death occurred, on the date stated above, at 5 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Valvular Heart Disease
92A

CONTRIBUTORY (SECONDARY) 92A
(duration) 4 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) H. W. Edel, M. D.
Feb 9, 1929 (Address) Kennswick 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 St John Cemetery Beck Mo DATE OF BURIAL Feb 10 1929

20. UNDERTAKER John G Koch ADDRESS Anton Mo

