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

Do not use this space.

11437

1. PLACE OF DEATH
County: Livingston
Township:
City: Chillicothe (No. ..... St. ..... Ward)

Registration District No. 508
Primary Registration District No. 3026

File No.
Registered No. 37

2. FULL NAME: Mrs. Emma L. Blanchard

(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: C. J. Blanchard

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 8-1860

7. AGE: Years 68 | Months 9 | Days 28 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home
(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): Iowa

PARENTS
10. NAME OF FATHER: Wilson Mercer
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Ohio
12. MAIDEN NAME OF MOTHER: Rachel Fusburger
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Ohio

14. INFORMANT: C. J. Blanchard
(Address): Chillicothe Mo.

15. FILED 3/8/ 1929 Reuben Barney REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 6 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 18 1929 to March 6 1929 that I last saw h. alive on March 6 1929 and that death occurred, on the date stated above, at 2 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage

(duration) yrs. mos. 16 ds.

CONTRIBUTORY (SECONDARY) 7401

(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? Clinical Symptoms

(Signed) J. J. Simpson, M. D.
3/7/29 (Address) Chillicothe 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: Edgewood
DATE OF BURIAL: 3-8 1929

20. UNDERTAKER: F. B. Norman
ADDRESS: Chillicothe 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.

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

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