

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

Do not use this space.

JAY 28 1929

15537

1. PLACE OF DEATH

County..... Boonville Registration District No. 656
Township..... Coates Primary Registration District No. 5849
City..... Stark (No.) St. Ward)

File No.
Registered No.
St. Ward)

2. FULL NAME William L. Blankenship

(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. 7 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) married

5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~
HUSBAND OF Lillie Blankenship
(or) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 12 - 1901

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
27 9 26

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farming
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer W.O. Carter

9. BIRTHPLACE (CITY OR TOWN) Erwin
(STATE OR COUNTRY) Tenn

10. NAME OF FATHER George Blankenship

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

12. MAIDEN NAME OF MOTHER Mary Foster

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

14. INFORMANT George Blankenship
(Address) Bells Tenn R. 2

15. FILED June 10, 1929 James A. Jones REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from 7:5
4-7-29, 1929, to 8-7-29, 1929
that I last saw h. alive on 19....., and that
death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Killed by a gun
173
..... (duration) yrs. mos. 2 ds.

CONTRIBUTORY..... (SECONDARY) (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.....
(Signed) J. H. McDaniel M. D.
, 19 8 (Address) Bells 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 mt Tenn DATE OF BURIAL 8-9 1929

20. UNDERTAKER Germana mort Co ADDRESS Stark MO



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Demarisal
Township Water
City (No.) St. Ward

Registration District No. 656
Primary Registration District No. 3873

File No.
Registered No.

2. FULL NAME

William J Blankenship

(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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) m

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

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

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

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) (STATE OR COUNTRY)

10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

14. INFORMANT (Address)

15. FILED 5-10-1929 James A Jones REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/8 1929

17. I HEREBY CERTIFY That I attended deceased from only day, 4-5-1929 to 4-8-1929 that I last saw him alive on 3-1929 and that death occurred, on the date stated above, at near Steels 170

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Killed by a grain
shaver with a gun
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) intentional
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J R Wenzel, M. D.
. 19 (Address)

*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
19

20. UNDERTAKER ADDRESS

SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY



1929
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