

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

Do not use this space.

24481

1. PLACE OF DEATH

County Jackson

Registration District No. 398

Township Blue

Primary Registration District No. 5554

City Tamworth (No.)

File No.

Registered No. 278

St. Ward)

2. FULL NAME

James Blankenship

(a) Residence. No. 10207 E 9th St. Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 18 yrs. 5 mos. 7 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frances Blankenship

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 22, 1858

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>77</u>	<u>71</u>	<u>1</u>	<u>9</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Blacksmith

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer retired

9. BIRTHPLACE (CITY OR TOWN) Dallas
(STATE OR COUNTRY) Texas

10. NAME OF FATHER Wm Blankenship

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

12. MAIDEN NAME OF MOTHER Jane Gilmore

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

14. INFORMANT Frances Blankenship
(Address) 10207 E 9th

15. FILED 8-1-1929 72 Cook

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 31 1929

17. HEREBY CERTIFY, That I attended deceased from July 15, 1928, to July 31, 1929 that I last saw h. him alive on 7/31, 1929 and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis th. D
Nephritis 152A
(duration) 8 1/2 yrs. 2 1/2 mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED Central Newburgh
NOT AT PLACE OF DEATH. (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? clinical

WHAT TEST CONFIRMED DIAGNOSIS chemical
(Signed) Shelton, M. D.

8-1-1929 (Address) 10317 Indy ave

*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 Woodlawn Cem. DATE OF BURIAL Aug 2 1929

20. UNDERTAKER Ott + Mitchell ADDRESS Indep. Mo.

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.

8 26 1929
48

X
24
9
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1

