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

Do not use this space.

27558

1. PLACE OF DEATH
County Henry — Registration District No. 351 6
Township Deepwater — Primary Registration District No. 4206
City Deepwater (No. ..... St. ..... Ward) — File No. ..... Registered No. 10

2. FULL NAME Mildred L Blanchard

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(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: F.
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 8 1905

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
23	7	28	

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

9. BIRTHPLACE (CITY OR TOWN) Casnovia
(STATE OR COUNTRY) Mich

PARENTS

10. NAME OF FATHER E C Blanchard
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Casnovia
(STATE OR COUNTRY) Mich
12. MAIDEN NAME OF MOTHER Carrie Bennett
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Muskegon
(STATE OR COUNTRY) Mich

14. INFORMANT E C Blanchard
(Address) Deepwater Mo

15. FILED Aug 6, 1929 J J Howard REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Aug 6, 1929, to Aug 6, 1929, that I last saw her alive on Dead Aug 6, 1929, and that death occurred, on the date stated above, at 12 30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Struck by Lightning
Instant death (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Shock & Lightning (duration) 1 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

(Signed) C F Howard M. D
Aug 6, 1929 (Address) Deepwater 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: Deepwater — DATE OF BURIAL: Aug 8 1929
20. UNDERTAKER: Deepwater — ADDRESS: Deepwater

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.