

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.

29736

#### 1. PLACE OF DEATH

County St. Louis  
 Township Central  
 City Desper, Mo (No. ....)

Registration District No. 357

Primary Registration District No. 4208

File No. 8

Registered No. 8

St. .... Ward)

#### 2. FULL NAME

(a) Residence. No. Desper, Mo 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. ....

ys.

mos.

ds.

How long in U.S., if of foreign birth?

ys.

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 (or) WIFE OF

Mrs W.J. Blanton

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

Sept 10 - 1842

##### 7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, .... hrs. .... or .... min.

88

—

16

##### 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

##### 9. BIRTHPLACE (CITY OR TOWN)

Frankland La

(STATE OR COUNTRY)

Mo

##### 10. NAME OF FATHER

William Joshua Blanton

##### 11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Mo

(STATE OR COUNTRY)

##### 12. MAIDEN NAME OF MOTHER

Louise Harmon

##### 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Virginia

(STATE OR COUNTRY)

##### 14.

INFORMANT

(Address)

Mrs W.J. Blanton  
Desper, Mo

##### 15.

FILED

19 30

J.J. Gravel

REGISTRAR

#### MEDICAL CERTIFICATE OF DEATH

##### 16. DATE OF DEATH (MONTH, DAY AND YEAR)

Sept 26 1930

##### 17.

I HEREBY CERTIFY That I attended deceased from Sept 25 to Sept 26, 1930, and that I last saw him alive on Sept 26, 1930, and that death occurred, on the date stated above, at 3:15 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Spontaneous  
82A

(duration)

ys.

mos.

ds.

##### CONTRIBUTORY (SECONDARY)

(duration)

ys.

mos.

ds.

##### 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

##### 19. DID AN OPERATION PRECEDE DEATH?

DATE OF

WAS THERE AN AUTOPSY?

##### WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

J.J. Gravel, M.D.  
Desper, 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

##### DATE OF BURIAL

Franklin

7-27 1930

##### 20. UNDERTAKER

##### ADDRESS

Samuel

Desper, Mo

