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

Do not use this space.

11122

File No.
Registered No.

1. PLACE OF DEATH
County: Platte
Township: Preston
City: Edgerton (No. ..... St. ..... Ward)
Registration District No. 693
Primary Registration District No. 4415

2. FULL NAME: Alverta Blankenship

(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.

APR 25 1931

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May-15-1851

7. AGE: Years 79 | Months 10 | Days 0 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): 924
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

PARENTS
10. NAME OF FATHER: Harrison Cox
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Virginia
12. MAIDEN NAME OF MOTHER: Saloma DeHaven
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Virginia

14. INFORMANT: J. T. Cox
(Address): Edgerton Mo.

15. FILED 4-10 1931 W. H. Rollins REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): March-15-1931

17. I HEREBY CERTIFY, That I attended deceased from Feb. 5, 1931, to Mch. 14, 1931, that I last saw her alive on Mch. 14, 1931, and that death occurred, on the date stated above, at 10-30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of stomach
468 141.8 / 1.0
(duration) ..... yrs. 5 mos. ..... ds.
CONTRIBUTORY (SECONDARY) Lobar pneumonia
(duration) ..... yrs. ..... mos. 14 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) R. L. Cobb, D.O., M.D.
, 19 (Address) Edgerton, 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 Zion Cem.
DATE OF BURIAL: Mch-16-1931

20. UNDERTAKER: W. H. Rollins
ADDRESS: Edgerton Mo