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

Do not use this space.

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No. 33618
Township — Primary Registration District No. 1001 — Registered No. 1011
City St. Joseph, (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME Blanche E. Singleton,
(a) Residence, No. 2526 South 11th. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 9 yrs. 7 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

NOV 23 1931

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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) Feb. 20, 1922,

7. AGE — YEARS: 9 — MONTHS: 7 — DAYS: 11 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Neely School
10. Date deceased last worked at this occupation (month and year) Oct. 1931,
11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Joseph, Missouri,

FATHER
13. NAME Harry M. Singleton,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph, Missouri,

MOTHER
15. MAIDEN NAME Ethel B. Gordon,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Joseph, Missouri,

17. INFORMANT (ADDRESS) Harry M. Singleton 2526 South 11th. Street.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Mora Cem. DATE Oct. 3 1931

19. UNDERTAKER (ADDRESS) Healon-BeGole & Bowman 319 S. 10th. St. Funeral Home

20. FILED Oct 3 1931 John R. Bender K.S. Registrar.

MEDICAL CERTIFICATE OF DEATH

5

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 1, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1930, to Oct 1, 1931
I last saw her alive on Oct 1, 1931. Death is said to have occurred on the date stated above, at 9:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Suffocation by aspirating pus into trachea. at operation 1944 Empyemia. Chronic 110	1 yr.

Other contributory causes of importance: Gangrene lung caused by Broncho Pneumonia.

Name of operation Thoracotomy Date of 10-1-31
What test confirmed diagnosis? X Ray + op. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) H. S. Gaurad, M. D.
(Address) St Joseph Mo.