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

Do not use this space. 8

33793

File No.

Registered No.

1. PLACE OF DEATH
County Camden Registration District No. 119
Township Jackson Primary Registration District No. 2191
City (No. St. Ward)

2. FULL NAME Mary Francis Blankenship

(a) Residence, No. 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Fem	Wht	Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ~~Hollower~~ Syd Blankenship

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1848 - Aug 27

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	84	8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miller Co Mo

FATHER

13. NAME Rufus Kendall

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER

15. MAIDEN NAME Lucinda Shipman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) John E. Blankenship

18. BURIAL, CREMATION, OR REMOVAL
PLACE Freedom Cemetery DATE Oct 29 1931

19. UNDERTAKER Family
(ADDRESS) Linn Creek Mo

20. FILED Nov 6, 1931 Wm W. J. Clarke Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 28 - 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 25 - , 1931, to Oct 29 , 1931
I last saw h. alive on Oct 27 , 1931. Death is said to have occurred on the date stated above, at 7 Pm m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrage	
S & D	

Other contributory causes of importance:

S & D

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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?
If so, specify
(Signed) W. J. Clarke M. D.
(Address) Medical 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.