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

Do not use this space. Benage

File No. 34022

Registered No.

1. PLACE OF DEATH
County Dallas Co
Township Washington
City (No. , St. Ward)
Registration District No. 247
Primary Registration District No.

2. FULL NAME Frank Benard 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.

DEC 21 1931

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Clara Blankenship

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 31 1902

7. AGE: YEARS 29 MONTHS 8 DAYS 12 If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dallas Co Mo

PARENTS
10. NAME OF FATHER: Wm D. Blankenship
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Dallas Co. Co
12. MAIDEN NAME OF MOTHER: Alta S. Hill
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Dallas Co. Mo.

14. INFORMANT: Virgil R Blankenship
(Address) Hartsville. Mo.

15. FILED, 19 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 10/12 1931

17. I HEREBY CERTIFY, That I attended deceased from 9-22-, 1931, to 10-12-, 1931 that I last saw him alive on 10-12, 1931, and that death occurred, on the date stated above, at 5:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Typhoid Fever
108 (duration) yrs. mos. 18 ds.

CONTRIBUTORY (SECONDARY): Lobar Pneumonia
(duration) yrs. mos. 5 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?
(Signed) O. C. Benage, M. D.
11-14, 1931 (Address) Conway 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: Greenmountain
DATE OF BURIAL: 10/13 1931

20. UNDERTAKER: N. E. Holman
ADDRESS: Conway, Mo

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Dallas — Registration District No. 247 — File No.

Township Washington — Primary Registration District No. 5342 — Registered No. 20

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Frank Benard 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)
m	w	m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clara Blankenship

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 31 - 1902

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	29	8	12	

OCCUPATION

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

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) mo

FATHER

13. NAME Wm D. Blankenship

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

MOTHER

15. MAIDEN NAME Alta S. Hill

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

17. INFORMANT (ADDRESS) Virgil B. Blankenship Hartsville mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenmountain DATE 10-13 1931

19. UNDERTAKER (ADDRESS) W. E. Holman Conway Mo

20. FILED 1-10-1932 J. Talbot Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 12 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 22 1931, to Oct. 12, 1931.

I last saw h..... alive on Oct. 12, 1931. Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhoid Fever	18 da
Other contributory causes of importance:	
Lobar pneumonia	5 da

Name of operation no Date of .....

What test confirmed diagnosis? ..... 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? .....

If so, specify .....

(Signed) O. C. Benage, M. D.

(Address) Conway, Mo.

SUPPLEMENTARY

STRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCR

S-34022