

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

Do not use this space.

4766

1. PLACE OF DEATH

County Jackson Registration District No. 329 File No. _____
 Township Taw Primary Registration District No. _____ Registered No. 027
 City Kansas City (No. Trinity Lutheran Hospitals) Ward _____

2. FULL NAME

Ira E. Elmer Blanchard
 (a) Residence, No. 3332 Park St. 15 Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 25 yrs. mos. 15 ds. How long in U. S., if of foreign birth? yrs. 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 Ada Gill Blanchard
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 2-1886
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
45 6 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman-Federal
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brilliant Co 37
 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) Missouri 1

MOTHER FATHER 13. NAME John Blanchard

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

15. MAIDEN NAME Susan Parker

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

17. INFORMANT Mrs Ada Gill Blanchard
 (ADDRESS) 3332 Park

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE February 16, 1932

19. UNDERTAKER D. H. Newcomer's Sons
 (ADDRESS) 2111 East 9th St

20. FILED 2/16 1932 M. M. Crowe
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1932, to Feb. 13, 1932
 I last saw h. alive on Feb. 13, 1932. Death is said to have occurred on the date stated above, at 10:53 P. m.
 The principal cause of death and related causes of importance were as follows:

Infected Tonsils 115A
115 A
 Other contributory causes of importance: acute myocarditis 115B
 Date of onset _____

Name of operation Tonsillectomy Date of Feb. 13, 1932
 What test confirmed diagnosis? Operative Was there an autopsy? yes

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) Ottoban Johnson, M. D.
 (Address) 806 Rialto Bldg,

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.

RESERVED FOR BINDING

Mr. W. M. W. Hoffman

806 Rialto Bldg - 906 Grand

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