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.

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

Do not use this space.

17246

1. PLACE OF DEATH

94 County St. Francois — Registration District No. 775 — File No.

2 Township Perry — Primary Registration District No. 6020 — Registered No. 42

6 City Bonne Terre (No. ..... St. ..... Ward)

2. FULL NAME Charles Henry Blanton

(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: 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~~ Mary Blanton

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 8. 1859

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
73	3	21	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: mill man
(b) General nature of industry, business, or establishment in which employed (or employer): Lead mining
(c) Name of employer: St. Joseph Lead Co

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Franklin Co. Mo 1

PARENTS

10. NAME OF FATHER: John Blanton
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Harlin County Ky. 2
12. MAIDEN NAME OF MOTHER: Marguerite Halman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

14. INFORMANT: W. J. Blanton
(Address): Bonne Terre, Mo

15. FILED 5/30, 1932 T. A. Son, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 29 — 1932

17. I HEREBY CERTIFY, That I attended deceased from Jan 15 —, 1930, to May 29, 1932 that I last saw him alive on May 1 — 1932, and that death occurred, on the date stated above, at 6 20 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
23 A

(duration) 2 yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) 23

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED (1)

IF NOT AT PLACE OF DEATH? X

0 DID AN OPERATION PRECEDE DEATH? No. DATE OF X

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical Examination

(Signed) A. L. Evans M. D

5-30-, 192 (Address) Bonneterre Mo 1

*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: Bonne Terre Cemetery — DATE OF BURIAL: June 1 1932

20. UNDERTAKER: Benham Hud Co — ADDRESS: Bonne Terre