

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

Do not use this space.

27113

1. PLACE OF DEATH

9 2 County St. Charles Registration District No. 757
 4 Township Primary Registration District No. 3036
 8 City St. Charles, Mo (No. Convent Sacred Heart) St. Ward)
 2. FULL NAME Mother Blanche Genevieve Johnstone
 (a) Residence, No. Convent Sacred Heart St., Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 23, 1863</u>		
7. AGE YEARS <u>65</u>	MONTHS <u>11</u>	DAYS <u>10</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Teacher</u>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>215</u>		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Galveston, Texas</u>		
13. NAME <u>No History</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No History</u>		
15. MAIDEN NAME <u>No History</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No History</u>		
17. INFORMANT <u>Jos. H. Adams</u> (ADDRESS) <u>St. Charles, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Charles, Mo</u> DATE <u>Aug 9, 1932</u>		
19. UNDERTAKER <u>N. C. Ballmer & Sons</u> (ADDRESS) <u>St. Charles, Mo</u>		
20. FILED <u>84</u> 19 <u>32</u> <u>Hy. A. Blackburn</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 3d, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1st, 1932 to Aug 3d, 1932
 I last saw her alive on August 3d, 1932 Death is said to have occurred on the date stated above, at 7:00 m.
 The principal cause of death and related causes of importance were as follows:
Myocarditis Chronic Date of onset 7-1-32
H. Cor. Insufficiency 7-1-32
930
930
 Other contributory causes of importance:
HT. Cor. Insufficiency
HT. Cor. Insufficiency
January 1931 - Indefinite 7-1-32
 Name of operation none Date of none
 What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury, 19...
 Where did injury occur? none
 (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) B. C. Wentker, M. D.
 (Address) St. Charles, Mo

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.

SEP 26 1932

