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

Do not use this space.

1. PLACE OF DEATH
3 County Atchison — Registration District No. 19 — File No. 38249
2 Township Clay — Primary Registration District No. 4013 — Registered No.
2 City Rock Port (No. ..... St. ..... Ward)

2. FULL NAME Laura, Ann Blankinship.

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)
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: Female
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: Shelby Blankinship

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Apr. 17, 1860

7. AGE: 72 YEARS, 7 MONTHS, 18 DAYS. If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House Wife
(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): Donivan Co. Kansas. 2

PARENTS
10. NAME OF FATHER: Hudson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ohio
12. MAIDEN NAME OF MOTHER: Melvina Anna
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown 31

14. INFORMANT (Address): Mrs. Frank Woodruff, Rock Port, Mo.

15. FILED Dec. 6, 1932. Mary G. Chamberlain, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 3 1932

17. I HEREBY CERTIFY, That I attended deceased from July, 1932 to Dec 5th, 1932, that I last saw her alive on Dec 3, 1932, and that death occurred, on the date stated above, at 7 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
cerebra apoplexy
13 V A
8 V A
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): nephritis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 137 ✓ ①
DID AN OPERATION PRECEDE DEATH? no. DATE OF ✓
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Chas. T. Settle, M. D.
Dec 6, 1932 (Address) Rock Port 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: High Creek — DATE OF BURIAL: Dec 6 1932

20. UNDERTAKER: C E Butram — ADDRESS: Rock Port 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.