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

Do not use this space.

759

File No. ..... Registered No. .....

1. PLACE OF DEATH
County: Crawford
Township: Bourbon
City: Bourbon (No. ....., ... St. ..... Ward)

Registration District No. 229
Primary Registration District No. 4139

2. FULL NAME Absolum B. 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: M
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 Ellen Jackson Blanton

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 2-1856

7. AGE: Years 76 | Months 9 | Days 11 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) Richwoods
(STATE OR COUNTRY) Washington Co.

PARENTS
10. NAME OF FATHER Abe Blanton
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Washington Co.
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY)

14. INFORMANT Lottie Blanton Reyes
(Address) St. Louis Mo.

15. FILED Jan. 20, 1933 C. W. Adams
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 13 - 1933

17. I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1933, to Jan. 13, 1933 that I last saw him alive on Jan. 13, 1933, and that death occurred, on the date stated above, at 5:00 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influenza complicated with Pneumonia
(duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (SECONDARY) NO
(duration) ..... yrs. ..... mos. ..... 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? Clinical Symp.
(Signed) E. B. Hunn, M.D.
..., 19 (Address) Bourbon, 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: Sullivan Mo.
DATE OF BURIAL: 1-15-1933

20. UNDERTAKER: Elbert E. Long
ADDRESS: Bourbon 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

V. S. No. 2.

FEB 27 1933

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