

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

Do not use this space.

7th. 6th. 55
6755

1. PLACE OF DEATH

County *Butte*

Registration District No. *668*

Township *Sedalia*

Primary Registration District No. *3032*

City *Sedalia* (No. *41*)

File No. *41*

Registered No. *41*

St. *Ward*

2. FULL NAME

(a) Residence, No. *668 N. 2nd 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 *fe* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug 9 1861*

7. AGE YEARS *71* MONTHS *5* DAYS *24* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *At Home*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

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) *mo.*

13. NAME *John Blankin*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

15. MAIDEN NAME *Don't know*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Don't know*

17. INFORMANT *Joan Bremer* (ADDRESS) *3920 North Main City mo*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Crown Hill* DATE *Feb 7 1933*

19. UNDERTAKER *Episcopal Funeral Home* (ADDRESS) *Sedalia mo*

20. FILED *2-7-33* *J. P. LOVE*

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb 5 1933*

22. I HEREBY CERTIFY, That I attended deceased from *Jan 30 1933* to *Feb 5 1933*

I last saw him alive on *Feb 5 1933* Death is said

to have occurred on the date stated above, at *120 p.m.*

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset *Jan 30-33*

100 100

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? *no*

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) *A. L. Walter*, M. D.

(Address) *Sedalia mo*

