Harlan

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

MARGIN RESERVED FOR BINDING

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.

MAY 24 1933

V. S. No. 2

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

Do not use this space 15429

1. PLACE OF DEATH

109 County Shelby Registration District No. 827 File No.

2 Township Clay Primary Registration District No. 4500 Registered No. 10

3 City Clarence Mo St. Ward)

2. FULL NAME Peter B. Blanchet

(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 Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) ✓

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs P.B. Blanchett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 4-1859

7. AGE 73 YEARS 76, MONTHS 8, DAYS 19; If LESS than 1 day, hrs. or min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

31 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

FATHER

13. NAME Dont Know

31 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

MOTHER

15. MAIDEN NAME Dont Know

31 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ~~East Stewart~~ Dont Know

17. INFORMANT East Stewart
(ADDRESS) Clarence Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Union Cemetery DATE 4-15 33

19. UNDERTAKER E E Hopper
(ADDRESS) Clarence Mo

20. FILED 5/10 1933 Roy Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/13, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 27, 1933, to April 13, 1933

I last saw him alive on April 10, 1933. Death is said to have occurred on the date stated above, at 3 p m.

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

82B Cerebral Thrombosis Jan 1933

97

82B

Other contributory causes of importance:

Arterio Sclerosis 1920

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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?

If so, specify

(Signed) D J Harlan, M. D.

(Address) Clarence Mo