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

Do not use this space.

30698

File No.

Registered No.

1. PLACE OF DEATH

County: St Francois

Registration District No. 771

Primary Registration District No. 4462

Township

City: Bismarck (No. , St. Ward)

2. FULL NAME: Benjamin H. Blanton

(a) Residence, No. St., Ward.
(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.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

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: Minnie Blanton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 17, 1865

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
67	10	29	

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.: Retired Rail Road Man

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): Troy Missouri

FATHER

13. NAME: John C. Blanton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER

15. MAIDEN NAME: Keziah Austin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

17. INFORMANT (ADDRESS): Minnie Blanton, Bismarck

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Bismarck DATE: Sept 18, 1933

19. UNDERTAKER (ADDRESS): C. E. Bayer, Selsey

20. FILED, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1933, to Sept. 15, 1933

I last saw him alive on Sept 15, 1933. Death is said to have occurred on the date stated above, at 6:30 p.m.

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

	Date of onset
Nephritis	unknown
926	
1519	

Other contributory causes of importance:

Myocarditis	2 years ago

Name of operation: none 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) E. M. Bryan, M. D.

(Address) Bismarck, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCT 20 1933

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County St Francois — Registration District No. 771 — File No.
Township Iron — Primary Registration District No. 4462 — Registered No.
City Bismark (No. , St. Ward)

2. FULL NAME Benjamin 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: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE: 67 YEARS — 10 MONTHS — 29 DAYS — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Railroad
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Man
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Troy (STATE OR COUNTRY) Mo

FATHER
13. NAME John C. Blanton
14. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Keziah Austin
16. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bismarck DATE Sept 18, 1933

19. UNDERTAKER BOYER
(ADDRESS) Farmington Mo

20. FILED 10/10 1933 E. M. Bryan M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1933 to Sept 15, 1933
I last saw him alive on Sept 15, 1933. Death is said to have occurred on the date stated above, at 6 30 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis	

Other contributory causes of importance:
Myocarditis

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) E. M. Bryan, M. D.
(Address) Bismarck, Mo.

SUPPLEMENTARY

NOTE: 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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-30698