

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

Do not use this space.

32816

JAN 6 - 1934

CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. AGE STATEMENT OF OCCUPATION IS VERY IMPORTANT. STATEMENT OF PHYSICIANS SHOULD BE CAREFULLY SUPPLIED.

1. PLACE OF DEATH

County Grundy
Township Liberty
City Dwight (No. _____)

Registration District No. 327
Primary Registration District No. 5453

File No. _____
Registered No. 16
St. _____ Ward _____

2. FULL NAME

Hallie Pauline Blanchard

(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 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 Mr. Blanchard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 30 - 1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
31 2 1

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

FATHER
13. NAME J. R. Winfrey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo.

MOTHER
15. MAIDEN NAME Nora Gibson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo.

17. INFORMANT Mrs. Nora Winfrey (ADDRESS) Dwight, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rural Dale DATE Nov 2 1933

19. UNDERTAKER P. K. Ryan & Sons (ADDRESS) Galt, Mo.

20. FILED 10-31-1933 U. C. Weston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 31 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-31- 1933, to 10-31- 1933

I last saw her alive on not, 19____ Death is said to have occurred on the date stated above, at S. P. m.

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

Compound Skull Fracture
Thrown from automobile
accidental wreck

Date of onset 10-31-33

Other contributory causes of importance:
grip 10-20

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accident Date of injury 10-31- 1933

Where did injury occur? Country road near
Dwight, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. public place

Manner of injury Skull fracture when
Nature of injury thrown from car.

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify U. C. Weston (Signed) _____, M. D.

(Address) Galt, Mo.

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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Grundy
Township Liberty
City Dunklin (No. _____)

Registration District No. 327
Primary Registration District No. 5453

File No. _____
Registered No. 76
St. _____ Ward _____

2. FULL NAME

Mrs. Pauline Blanchard

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 30 - 1902
7. AGE YEARS 31 MONTHS 2 DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.

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.
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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19__

19. UNDERTAKER (ADDRESS)

20. FILED 11-20-23 W. C. Weston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 31 1933

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____
I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Date of onset _____

Other contributory causes of importance:

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) _____, M. D.
(Address) _____

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.
PHYSICIANS SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE PROPERLY CLASSIFIED. STATEMENT OF OCCUPATION IS VERY IMPORTANT.
CAUSE OF DEATH IN PLAIN LANGUAGE SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE PROPERLY CLASSIFIED. STATEMENT OF OCCUPATION IS VERY IMPORTANT.

**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Franklin
Township Liberty
City Liberty (No. _____) St. _____ Ward _____

Registration District No. 327
Primary Registration District No. 5753

File No. 32816
Registered No. 16

2. FULL NAME

Hallie Pauline Blomchard

(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 _____ 4. COLOR OR RACE _____ 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

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

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

7. AGE YEARS MONTHS DAYS 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. _____
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) _____

MOTHER FATHER
13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19 _____

19. UNDERTAKER (ADDRESS) _____

20. FILED 10-31-1933 U. G. Weston Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 31 1933

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.

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

*Confidential skull fracture
fracture of occipital which
caused car left road after
turning corner & plunged over
side of bridge striking
opposite bank, striking her
thru windshield into back.*

Date of onset _____

Name of operation _____ Date of _____

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, homicidal, _____ 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) U. G. Weston, M. D.

(Address) Gal, Mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
None of the above should be stated EXACTLY. PHYSICIANS should state