

JAN 1 1935

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

Do not use this space.

39374-a

1. PLACE OF DEATH

County Camden Registration District No. 117  
Township Blagle Primary Registration District No. 5167  
City (No. ....) St. .... Ward)

File No. 31  
Registered No. ....

2. FULL NAME

Pierce Blank  
(a) Residence, No. County home 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 Male 4. COLOR OR RACE white 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) Dec 8, 1844  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
89 — 8

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
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) five years  
11. Total time (years) spent in this occupation. ....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole County, Mo

FATHER  
13. NAME Pierce Blank

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

MOTHER  
15. MAIDEN NAME ?

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

17. INFORMANT (ADDRESS) Mary D. Hanks  
Camden, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE New Home Cemetery DATE 12/17/1935

19. UNDERTAKER (ADDRESS) Abbie Bankson  
Camden, Mo

20. FILED Jan 10, 1935 Lizzie Miller  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 10, 1935  
22. I HEREBY CERTIFY, That I attended deceased from Dec 14, 1935 to Dec 16, 1935  
I last saw him alive on Dec 16, 1935 Death is said to have occurred on the date stated above, at 7 m.  
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage  
Stroke  
Other contributory causes of importance: None  
Date of onset

Name of operation no 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 ?  
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) H. J. Clarke, M. D.  
(Address) Memorial

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.

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

1/23/41