MAR 24 1934

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

Do not use this space.

7567

1. PLACE OF DEATH

109 County Warren — Registration District No. 881 — File No.

Township Elkhorn — Primary Registration District No. 6171 — Registered No. 6

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Elmer 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 29-1908.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	25	9	4	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

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9. BIRTHPLACE (CITY OR TOWN) Warren Co.,
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Willis Blanton

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Near Hawk Point
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Julia Blanton

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Near Troy
(STATE OR COUNTRY) Missouri

14. INFORMANT Harry Blanton
(Address) Truesdale Mo

15. FILED 2/4, 1934 A. W. Hiling REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 2 1934

17. I HEREBY CERTIFY, That I attended deceased from January 14, 1934, to February 2, 1934, that I last saw him alive on Feb 2 8 AM. 1934, and that death occurred, on the date stated above, at 9.30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis

73A

1.30

23

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Lines Abbess

(duration) ..... yrs. 3 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Warren County

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Sputum Exam.

(Signed) S.B. Gilroy D.O. MDO

2/3, 1934 (Address) Warrenton

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Warrenton City Cem	2/4 1934

20. UNDERTAKER	ADDRESS
F W Hiling	Warrenton Mo.

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.