16

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

JAN 15 1935

Do not use this space.

42231

1. PLACE OF DEATH
County Cape Girardeau Registration District No. 125
Township Cape Girardeau Primary Registration District No. 5178
City ..... (No. R7D #1 ..... St. ..... Ward)

File No. .....
Registered No. 267

2. FULL NAME Dorris Jean Blank
(a) Residence, No. R7D #1 St., ... Ward. .....
(Usual place of abode) Cape Girardeau Mo (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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12/15/34

7. AGE YEARS MONTHS DAYS 1 If LESS than 1 day, 17 hrs. or 45 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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) Cape Girardeau Mo R7D #1

FATHER
13. NAME Edwin John Blank
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau Mo

MOTHER
15. MAIDEN NAME Fredia Martha Wills
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois Mo

17. INFORMANT (ADDRESS) Edwin J Blank Cape Girardeau Mo R7D #1

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lightner Cem DATE Dec-17 1934

19. UNDERTAKER (ADDRESS) Hamann's Funeral Home Cape Girardeau Mo

20. FILED 12-17-1934 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/17/1934

22. I HEREBY CERTIFY, That I attended deceased from 12/15, 1934, to 12/17, 1934
I last saw her alive on 12/16, 1934 Death is said to have occurred on the date stated above, at 3:45 a.m.
The principal cause of death and related causes of importance were as follows:

Anencephalus

Date of onset

157 2008

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) H. Washley, M. D.
(Address) Cape Girardeau 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.