

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

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.

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

Do not use this space.

JAN 9 1935

45487

1. PLACE OF DEATH

County St. Louis
Township St. Louis
City St. Louis (No. _____)

Registration District No. 810
Primary Registration District No. 44488

File No. _____
Registered No. 53
St. _____ Ward _____

2. FULL NAME Jennie Peterson 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 34 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 Franklin Peircé Blanchard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 17 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
74 8 2-4

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

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) Van Buren County Iowa

13. NAME John H. Peterson

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

15. MAIDEN NAME Margaret E. Stemple

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

17. INFORMANT Mrs. G. L. McQuinn (ADDRESS) Memphis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Miller Cemetery DATE Dec. 12, 1934

19. UNDERTAKER A. M. Payne & Sons (ADDRESS) Memphis, Mo.

20. FILED 1-17-35 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1934, to Dec 11, 1934. I last saw her alive on Dec 11, 1934. Death is said to have occurred on the date stated above, at 4:30 a.m.

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

chronic valvular heart disease
9:30 A
74A 934

Other contributory causes of importance: angina pectoris

Name of operation _____ Date of _____
What test confirmed diagnosis? Physical. 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) A. P. Jetter, M. D.
(Address) Memphis, Mo.

