

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

Do not use this space.

552

JAN 14 1935

192

1. PLACE OF DEATH

County Buchanan
Township St. Joseph
City St. Joseph (No. 1001)

Registration District No. 85
Primary Registration District No. State Hosp # 2

File No. _____
Registered No. 8
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. Pattonsburg, Mo
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Hellis Blaukenship</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 18 59</u>		
7. AGE YEARS <u>About 76</u>	MONTHS <u>Unknown</u>	DAYS <u>Unknown</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>		11. Total time (years) spent in this occupation _____
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) _____

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
	13. NAME <u>Unknown</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
	15. MAIDEN NAME <u>Unknown</u>
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
	17. INFORMANT (ADDRESS) <u>Records State Hosp # 2 St. Joseph Mo</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Pattonsburg, Mo</u> DATE <u>1-3</u> 19 <u>35</u>	
19. UNDERTAKER (ADDRESS) <u>J. J. Brommer Pattonsburg Mo</u>	
20. FILED JAN 2 1935 <u>John R. Bender</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1907, to Jan 2, 1935

I last saw her alive on Jan 2, 1935. Death is said to have occurred on the date stated above, at 7:22 p.m.

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

Cerebral Hemorrhage Date of onset 1/2/35

Other contributory causes of importance:
Hypertension Date of onset mid July 31 1902

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) W. Clayton Smith, M. D.
(Address) St. Joseph 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.

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

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