

JUN 1 8 1935

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

Do not use this space.

15486

1. PLACE OF DEATH

County Andrew

Registration District No. 23

Township South

Primary Registration District No. 5032 A

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

2. FULL NAME Nate A. Blankenship

(a) Residence, No. Benton City 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>W. M. Blankenship</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 28, 1872</u>		
7. AGE YEARS <u>63</u>	MONTHS <u>2</u>	DAYS <u>11</u>
		IF LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>Housework</u>
	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) Monroe County Mo.

13. NAME John Thulheld

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe County Mo.

15. MAIDEN NAME Annie White

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe County Mo.

17. INFORMANT (ADDRESS) W. M. Blankenship Benton City Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Benton City DATE May 10, 1935

19. UNDERTAKER (ADDRESS) H. A. Pre... ..

20. FILED May 10, 1935 - Neva Hutcherson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1935, to May 7, 1935. I last saw her alive on May 7, 1935. Death is said to have occurred on the date stated above, at 5 a.m.

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

Diabetic Coma

Other contributory causes of importance:

Name of operation ..... Date of ..... What test confirmed diagnosis? Phys. report ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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) R. E. Smith, M. D. (Address) Res. Hill

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.

