

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

Do not use this space.

JUN 28 1935

1. PLACE OF DEATH

County St. Francois

Registration District No. 773

Township St. Francois

Primary Registration District No. 6018A

City Farmington, Mo. (No. _____)

File No. _____

Registered No. 76

St. _____ Ward _____

2. FULL NAME Philip Blank

(a) Residence, No. DeSoto, Mo. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12, 1935

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 4, 1930, to May 12, 1935

I last saw him alive on May 11, 1935. Death is said to have occurred on the date stated above, at 7:40 a.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) not known

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 77 ? ?

Generalized arteriosclerosis (Resulting in gangrene of feet.) Date of onset _____

8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. Painter & Fisherman

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 _____

Other contributory causes of importance: Chronic nephritis Chronic myocarditis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DeSoto Mo

13. NAME Philip Blank

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

15. MAIDEN NAME Catherine Blank

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Hospital Records Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE DeSoto, Mo. DATE ? May 14, 1935

19. UNDERTAKER (ADDRESS) Donald Dietrich DeSoto, Mo.

20. FILED May 13, 1935 W. J. Robinson Registrar.

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical 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? _____

If so, specify _____

(Signed) P. S. Tate, M. D.

(Address) Hosp. #4 Farmington 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.

