

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.

JUL 24 1935

20174

1. PLACE OF DEATH

County Jackson Registration District No. 421
Township Crystal City Primary Registration District No. 5375
City Crystal City

File No. _____
Registered No. 44
St. _____ Ward _____

2. FULL NAME

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 20, 1846</u>		
7. AGE	YEARS	MONTHS
	<u>89</u>	<u>3</u>
		DAYS
		<u>24</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation.
<u>house work</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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Nashville, Tenn.</u>		
13. NAME <u>Snook Blankenship</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>		
15. MAIDEN NAME <u>Sarah Stevens</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>		
17. INFORMANT <u>mae PrunEAU</u>		
(ADDRESS) <u>Crystal City</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	DATE	
<u>Restus</u>	<u>6/16</u>	<u>1935</u>
19. UNDERTAKER <u>Linkend. Co.</u>		
(ADDRESS) <u>Restus, Mo.</u>		
20. FILED <u>7/10 1935</u> <u>J. G. Rutledge</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/14, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1931, to June 14, 1935

I last saw him alive on June 12, 1935 Death is said to have occurred on the date stated above, at 2:20 a.m.

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

malignant Hypertension
Hypertensive heart disease
arteriosclerosis
Hypostatic Pneumonia

Date of onset about 10 yrs ago

Other contributory causes of importance June 10, 1935

Name of operation _____ Date of _____
What test confirmed diagnosis? Direct 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) John F. Rutledge, M. D.
(Address) Crystal City, Mo

