MAY 18 1936

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

— Do not use this space. 1

28673-1

1. PLACE OF DEATH.
County Ballinger Co Registration District No. 66
Township Lawrence Primary Registration District No. 16
City Marble Hill (No. ..... St. ..... Ward)

File No. .....
Registered No. .....

2. FULL NAME Hermann Blankenship

(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 1935 yrs. 9 mos. 6 ds. How long in U.S., if of foreign birth? 91 yrs. 10 mos. 2 ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF Ella

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1853-11-4

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
81.	10	2.	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work farming
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Perry Co.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Hermann Blankenship
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ger
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Unk
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unk
(STATE OR COUNTRY)

14. INFORMANT M. O'Bryan
(Address) Marble Hill Mo

15. FILED 9-8-36 [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-6- 1936

17. I HEREBY CERTIFY, That I attended deceased from 7-4- 1931, to 9-6- 1936, that I last saw h[illegible] alive on 9-2- 1936, and that death occurred, on the date stated above, at 6 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage

(duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (SECONDARY) Senility

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? —
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) [illegible], M. D
5-1, 1936 (Address) Marble Hill Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Holy Rosary	9-7 1936
20. UNDERTAKER [illegible]	ADDRESS Marble Hill Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.