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

Do not use this space.

38541

DEC 18 1935

1. PLACE OF DEATH
County Bollinger. Registration District No.
Township Lorance. Primary Registration District No.
City Marble Hill Mo. (No. , St. Ward)

File No.
Registered No. 17

2. FULL NAME John Frederick Blanken.

(a) Residence, No. St., Ward.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 20 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male,	White	Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF Vesta Dona Blanken

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 6, 1889

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	46	2	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.

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) Perry Co

FATHER

13. NAME Herman Blanken.

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

MOTHER

15. MAIDEN NAME Dont Know,

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

17. INFORMANT (ADDRESS) Homer Hurst. Marble, Hill Mo,

18. BURIAL, CREMATION, OR REMOVAL PLACE Hahn Chappell DATE Dec, 7 1935

19. UNDERTAKER (ADDRESS) A J Beker, Lutesville, Mo

20. FILED 12-7 1935 Mrs. G. A. Sanders Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Nov. 17 1935 to Dec 5 1935
I last saw him alive on Dec 5 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:

	Date of onset
Chronic Interstitial Nephritis	
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? 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.
Home
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) S. C. Vaughan, M. D.
(Address) Patton, Missouri

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