

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.

JAN 9 1935

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

Do not use this space.

40420

1. PLACE OF DEATH
 72 County New Madrid Registration District No. 604
 Township _____ Primary Registration District No. 4358
 7 City New Madrid (No. _____) St. _____ Ward _____
 9 2. FULL NAME Frances 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 _____ yrs. mos. ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Blankenship
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1904 Aug 4
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
31 3 28
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
 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) New Madrid Mo
 FATHER
 13. NAME Jean Flawers
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky
 MOTHER
 15. MAIDEN NAME Paul F Fletcher
 15. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Madrid Mo
 17. INFORMANT (ADDRESS) Jean Flawers
new Madrid, Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE new Madrid Mo DATE Dec 5 1935
 19. UNDERTAKER (ADDRESS) Richards Hard Co.
new Madrid Mo
 20. FILED 12/12 1935 M. D. Bauman
7A-24 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12 2 1935
 22. I HEREBY CERTIFY, That I attended deceased from 11-23 1935, to 12 2 1935
 I last saw her alive on 12 2 1935 Death is said to have occurred on the date stated above, at 99 m.
 The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia Date of onset _____
 Other contributory causes of importance: 108
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Physician 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) [Signature], M. D.
 (Address) New Madrid Mo

