

DEC 21 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

40679

1. PLACE OF DEATH

County Putnam
 Township Richland
 City Richland

Registration District No. 722
 Primary Registration District No. 5953

File No. 8
 Registered No. 8

2. FULL NAME

Thomas Jefferson Blankenship
 (a) Residence, No. St. Ward. Ward
 (Usual place of abode)
 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 Male 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 Anna Blankenship

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 3-1867
 7. AGE YEARS 74 MONTHS 0 DAYS 0 If LESS than 1 day, hrs. or min.

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. Farm
 10. Date deceased last worked at this occupation (month and year) July 1, 1935 11. Total time (years) spent in this occupation all

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) McDonnell Co Missouri

13. NAME William Blankenship

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

15. MAIDEN NAME Sarah Ray

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

17. INFORMANT Mrs Anna Blankenship
 (ADDRESS) Unionville Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Phelps Cemetery DATE Dec 14 1935

19. UNDERTAKER Robert M. Co
 (ADDRESS) Unionville Mo

20. FILED Dec 10 1935 W M Hall
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 3, 1935 to Dec 3, 1935
 I last saw alive on Dec 27, 1935 Death is said to have occurred on the date stated above, at 12:05 pm

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

Carcinoma of Stomach Date of onset 7

Other contributory causes of importance:

Name of operation None Date of None

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? None Date of injury None, 1935

Where did injury occur? None
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify None

(Signed) W M Hall, M. D.

(Address) Unionville, 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.

