

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.

FEB 25 1936

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

Do not use this space.

2564

1. PLACE OF DEATH

County PutnamRegistration District No. 720Township LibertyPrimary Registration District No. 5957City Linscott

(No. _____)

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

female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR

Widowed (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFWm Doug Blankenship

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

May 1 - 1866

7. AGE

69

YEARS

MONTHS

8

DAYS

12

If LESS than 1

day, _____

hrs. _____

or _____

min. _____

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Housewife9. 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 _____16712. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Courtesy-BethesdaMOTHER
FATHER

13. NAME

Washington Wright14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)unknown

15. MAIDEN NAME

Lucinda Brower16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)unknown17. INFORMANT
(ADDRESS)Mrs Lee Ryles

18. BURIAL, CREMATION, OR REMOVAL

PLACE

St John's

DATE

Jan 14 193619. UNDERTAKER
(ADDRESS)W. D. Wright & Son

20. FILED

Feb 8 1936 E.E. Tye

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

1-13-1936

22. I HEREBY CERTIFY, That I attended deceased from

1-7-1936 to 1-13-1936I last saw her alive on 1-12-1936 Death is saidto have occurred on the date stated above, at 2 P. m.

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

Pneumonia
(Bubonic)

Date of onset

Other contributory causes of importance:

Name of operation _____ 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.

Manner of injury _____

Nature of injury _____

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

If so, specify _____

(Signed)

P. D. Hart

M. D.

(Address)

Covington, Mo

