MAR 16 1936

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No. 4616
Township — Primary Registration District No. 10[illegible] — Registered No. 160
City St. Joseph. (No. Missouri, Methodist Hospital St. Ward)

2. FULL NAME Charles William Blankenship
(a) Residence, No. St., Ward. Dearborn, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 3 mos. 0 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): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Almeda A. Blankenship
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 18, 1863
7. AGE: YEARS 72 — MONTHS 2 — DAYS 17 — If LESS than 1 day, ...hrs. or ...min.

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): Harrison Co. Mo.

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

17. INFORMANT (ADDRESS): Mrs. Nora May Seckels Dearborn, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Turner Cemetery. DATE Feb. 8, 1936, 19
19. UNDERTAKER (ADDRESS): Walter Meinhoffer 1302 Faraon St. St. Joseph, Mo.
20. FILED FEB 7 1936 19 John A. Bluder Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 5, 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from 11/12/, 1935, to 2/5/, 1936
I last saw him alive on 2-5, 1936 Death is said to have occurred on the date stated above, at 10.50 m. A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intertrochanteric Fracture of Femur	11/12/35

Other contributory causes of importance: Senility

Name of operation None. Date of
What test confirmed diagnosis? X Ray. Was there an autopsy? Yes.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 11/11/, 1935
Where did injury occur? Dearborn, Platte Cty. Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public place.
Manner of injury Fall while loading wood.
Nature of injury Fracture of Femur.

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Jacob Kulowski, M. D.
(Address) Kirkpatrick Bldg. St. Joseph, 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.