

**JUN 22 1936 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

14927

1. PLACE OF DEATH

County Harrison
Township Adams
City _____ (No. _____)

Registration District No. 338
Primary Registration District No. 3479

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Enoch McBlane

(a) Residence, No. _____ St. _____ 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. (If nonresident, give city or town and State)

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 Grace McBlane nee

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 13 - 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
70 0 27

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) May 6 - 1936 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) State of Mo.

13. NAME William G. McBlane

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) State of Ohio

15. MAIDEN NAME Sarah J. Ramsey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) State of Mo.

17. INFORMANT (ADDRESS) J. G. McBlane Harrison Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Reinier Cem. DATE April 16 - 1936

19. UNDERTAKER (ADDRESS) W. D. Holmes Harrison City Mo.

20. FILED 6-10 19 36 J. D. DePhaux Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14 - 1936

I HEREBY CERTIFY That I attended deceased from April 11 - 1936 to April 14 - 1936

I last saw him alive on April 11 - 1936 Death is said to have occurred on the date stated above, at 11:30 p.m.

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

Coronary Labor Pneumonia Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

28. 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? _____

If so, specify _____

(Signed) Dr. C. Stamer, M. D.

(Address) Edwards City

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.

