

JUN 26 1936

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

Do not use this space.

20520

1. PLACE OF DEATH
 County St. Francis Registration District No. 775 File No.
 Township Perry Primary Registration District No. 6050 Registered No. 36
 City Bonne Terre P. 1 (No.) St. Ward)

2. FULL NAME William Robert General Lee Blanton
 (a) Residence, No. Bonne Terre Mo. P. 1 Ward. (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 30, 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 0 24

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
 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) Bonne Terre Missouri

FATHER
 13. NAME William Blanton
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan Missouri

MOTHER
 15. MAIDEN NAME Mary Ann Blanton
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co Missouri

17. INFORMANT Luther Blanton
 (ADDRESS) Bonne Terre Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Adams Cemetery DATE May 26, 1936

19. UNDERTAKER Bonham & Son, Co
 (ADDRESS) Bonne Terre Mo

20. FILED May 25, 1936 N. W. Newbain
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1936 to May 24, 1936
 I last saw him alive on May 20, 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:
Chronic Int. nephritis (Date of onset (?))
Acute Cardiac Distention

Other contributory causes of importance:
MI

Name of operation Date of
 What test confirmed diagnosis? Clinical Was there an autopsy?

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?
 If so, specify
 (Signed) R. B. Lester M. D.
 (Address) Desloge Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

