

JUL 18 1936

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

Do not use this space.

22310

1. PLACE OF DEATH

County Christian Registration District No. 185
Township Sparta, Mo Primary Registration District No. 4111
City Sparta (No. _____, St. _____ Ward _____)

File No. _____
Registered No. _____

2. FULL NAME

Blanche Freeman
(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 DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Jess. Freeman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 5th 1886
7. AGE YEARS 49 MONTHS 1 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
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) Missouri

13. NAME J.C. Preston

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sparta, Mo

15. MAIDEN NAME Nancy Ray

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

17. INFORMANT Jess Freeman (ADDRESS) Sparta Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Shadwick Mo DATE 6-8th 1936

19. UNDERTAKER Sto Raibum med. Co (ADDRESS) Sparta Mo

20. FILED 7-6 1936 Josephine Merritt Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7th 1936

I HEREBY CERTIFY that I attended deceased from Nov-1st 1934 to June 7th 1936
I last saw him alive on June 7th 1936 Death is said to have occurred on the date stated above, at 10:30 pm.

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

Pulmonary Tuberculosis Date of onset 1934
Other contributory causes of importance:
Dysphagia, Pulmonary Regurgitation

Name of operation _____ Date of _____
What test confirmed diagnosis Phys 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) J. W. Wisco M. D.

(Address) Sparta, Mo

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

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.

