

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

Do not use this space.

AUG 24 1936

27291

1. PLACE OF DEATH

County *Monticau* Registration District No. *577*
 Township *West Grove* Primary Registration District No. *577.5*
 City No. _____ St. _____ Ward _____

2. FULL NAME

Earnest George Blaukenship
 (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 *Male* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct 17 - 1896*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
39 8 22

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) *Monticau Mo.*

13. NAME *Ulesis Blaukenship*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Monticau Mo.*

15. MAIDEN NAME *Dorea Jauris*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Monticau Mo.*

17. INFORMANT *Mrs Earnest Blaukenship*
 (ADDRESS) *Monticau Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Flag Springs* DATE *7/10/36*

19. UNDERTAKER (ADDRESS) *William Fred Meyer*
California Mo.

20. FILED *8-10* *W. Matilda Robertson*
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 9 1936*

22. I HEREBY CERTIFY that I attended deceased from *July 7 1936* to *July 9 1936*

I last saw him alive on *July 9 1936* Death is said to have occurred on the date stated above, at *11:00 P.M.*

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

Erysipelas
156
 Other contributory causes of importance:
fracture of right nasal cavity

Name of operation *none* Date of _____
 What test confirmed diagnosis? *clinical* 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) *A. Glenn Davis*, M. D.

(Address) *Russellville, 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.

JUN 12 1948

JUN 9 1948