SEP 29 1936

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

Do not use this space.

32144

1. PLACE OF DEATH

County St. Francois — Registration District No. 773

Township St. Francois — Primary Registration District No. 6016A

~~Near~~ City Farmington, Mo. (No. ....., ... St. ..... Ward)

File No. .....

Registered No. 150

2. FULL NAME Marge Blanc

(a) Residence, No. Perry County, Missouri 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 20, 1915

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	21		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Perry County
(STATE OR COUNTRY) Missouri

FATHER

13. NAME August Blanc

14. BIRTHPLACE (CITY OR TOWN) Perryville
(STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Julia Gremaud

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

17. INFORMANT Hospital Records
(ADDRESS) Farmington, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Crosstown, Mo. DATE Aug. 23, 1936

19. UNDERTAKER Young & Fenwick
(ADDRESS) Perryville, Missouri

20. FILED Aug 22, 1936 B. J. Robinson
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1936, to August 21, 1936

I last saw h. alive on August 21, 1936. Death is said to have occurred on the date stated above, at 5 P.M.

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

	Date of onset
Dementia Praecox (Excited Stage - Acute Exhaustion)	Oct. 1933
1330	

Other contributory causes of importance:

Bronchopneumonia, terminal	8/28/36
Pyelitis, acute	8/20/36
Malnutrition, marked	?

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

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) C. C. Quit, M. D.

(Address) Farmington, 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.