FEB 16 1937

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

Do not use this space.

621

1. PLACE OF DEATH

County: Clay — Registration District No.: 198 — File No.: 12

Township: Fishing River — Primary Registration District No.: 3011 — Registered No.:

City: Excelsior Springs, Mo. (No. , St. 3d Ward)

2. FULL NAME BLANK, Ralph F.

(a) Residence, No. Veterans Administration Facility St., Ward. Excelsior Springs, Mo. (Usual place of abode)

Kansas City, Mo. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 2 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)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(or) WIFE OF~~ Mary C. Blank

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 28, 1895

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	41	9	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rway Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson City, Missouri

FATHER

13. NAME William A. Blank

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

MOTHER

15. MAIDEN NAME Mary E. Russell

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

17. INFORMANT (ADDRESS) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL PLACE Kansas City, Mo. DATE 1-23-37, 19

19. UNDERTAKER (ADDRESS) Gates Funeral Home Kansas City, Missouri

20. FILED Jan 23, 1937 Lorena McCracken Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 22, 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 20, 1937, 19, to Jan. 22, 1937, 19

I last saw him alive on Jan. 22, 1937, 19. Death is said to have occurred on the date stated above, at 5:43 m. P.M.

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

	Date of onset
Duodenal ulcer, active	
Other contributory causes of importance:	
peritonitis	

Name of operation ..... Date of .....

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

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no 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) H. C. HARDEGREE, MD, Clinical Director

(Address) Veterans Administration Facility Excelsior Springs, Missouri

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.