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.

FEB 23 1937

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

Do not use this space.

1. PLACE OF DEATH
103 County Stoddard
Township Liberty
City ..... (No. ....., 2 ..... St. ..... Ward)

Registration District No. 838, 609 A B
Primary Registration District No. .....

File No. 4630
Registered No. .....

2. FULL NAME Grant Ulysess Blancett

(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 20 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 23, 1864

7. AGE: Years 72 | Months 9 | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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) Piatt Co., Illinois

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mattie K. Blancett
(ADDRESS) Dexter, Mo. Rfd

18. BURIAL, CREMATION, OR REMOVAL
PLACE Aid, Mo. DATE 1/27/37, 19

19. UNDERTAKER Blankenship-Strickland
(ADDRESS) Dexter, Mo.

20. FILED 2-9, 1937 Mrs. M. B. Garnett
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/25/37, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1937, to Jan 25, 1937
I last saw him alive on Jan 24, 1937. Death is said to have occurred on the date stated above, at 8 am m.
The principal cause of death and related causes of importance were as follows:
Lukas Pneumonia — Date of onset 1-22-37

Other contributory causes of importance:
Influenza

Name of operation ..... Date of .....
What test confirmed diagnosis? C ..... 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) S. S. Harris, M. D.
(Address) Dexter Mo