

MAR 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County Howard
Township Franklin
City (No.) St. Ward

Registration District No. 380
Primary Registration District No. 5530

File No. 6085
Registered No. 6

2. FULL NAME

(a) Residence, No. St. Ward.
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/6/1865

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
71 11 18

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brother's Home

10. Date deceased last worked at this occupation (month and year) Feb. 1937 11. Total time (years) spent in this occupation 3 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co., Mo.

13. NAME Franklin Blankenbaker

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

15. MAIDEN NAME Elizabeth Kingsbury

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

17. INFORMANT Miss Francis Blankenbaker

(ADDRESS) Franklin, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Clarks Chapel DATE 2/25/37

19. UNDERTAKER J. A. Nunson

(ADDRESS) New Franklin, Mo.

20. FILED 3-6-37 1937 J. P. Lee Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/24/37 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-17, 1937, to 2-24, 1937

I last saw h. alive on 2-23, 1937. Death is said to have occurred on the date stated above, at 3:30 p. m.

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

Pneumonia bronchopneumonia Date of onset 2-17-37

Other contributory causes of importance:

Hypertension
myocarditis

Name of operation none Date of
What test confirmed diagnosis? none 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. L. Chamberlain, M. D.
(Address) New Franklin, 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.

