

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

Do not use this space.

1. PLACE OF DEATH **JUN 17 1937**
 County **Buchana** Registration District No. **85**
 Township **Washington** Primary Registration District No. **1001**
 City **Saint Joseph** (No. **Sunny Slope Hospital**) St. _____ Ward _____

File No. **10536**
 Registered No. **628**

2. FULL NAME **Norman Ray Blanton**
 (a) Residence, No. **1510 Fourth Avenue** St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred **2** 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 **Male** 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) **March 13, 1935**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 2 13

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) **Saint Joseph, Missouri**
 (STATE OR COUNTRY)

13. NAME **Ray V. Blanton**

14. BIRTHPLACE (CITY OR TOWN) **Darlington, Missouri**
 (STATE OR COUNTRY)

15. MAIDEN NAME **Thelma Brunfield**

16. BIRTHPLACE (CITY OR TOWN) **Grant City, Missouri**
 (STATE OR COUNTRY)

17. INFORMANT **Ray V. Blanton**
 (ADDRESS) **1510 Fourth Avenue**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **Green cemetery** DATE **May 28, 1937**

19. UNDERTAKER **E.R. SIDENRADEN FUNERAL HOME**
 (ADDRESS) **602 South 10th Street**

20. FILED **MAY 28 1937** **A. J. Nettles**
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 26, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **May 25, 1937, to May 26, 1937**
 I last saw him alive on **May 26, 1937** Death is said to have occurred on the date stated above, at **11:50 a.m.**
 The principal cause of death and related causes of importance were as follows:

(Bronchitis); pneumonia
 Date of onset _____
 Other contributory causes of importance: **15 ml Sepsis from throat**

Name of operation _____ 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) **J. H. Allman**, M. D.
 (Address) **229 South 10th St**

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.

THIS IS A PERMANENT RECORD

