

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

Do not use this space.

2259

**1. PLACE OF DEATH**

County Cass  
Township Cape  
City Union Creek Mo (No. \_\_\_\_\_)

Registration District No. 117  
Primary Registration District No. 3167

File No. 7  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

Length of residence in city or town where death occurred 80 yrs. 8 mos. 27 ds.

(If nonresident, give city or town and State)  
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 Annie Blankenship  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr-16-1857  
7. AGE YEARS 80 MONTHS 9 DAYS 0 If LESS than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as spinner, weaver, 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) 1931  
11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cass County Mo

13. NAME Edward Blankenship

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

15. MAIDEN NAME do not know

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

17. INFORMANT Wm Blankenship (ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE Trilledan Can DATE 1-17 1938

19. UNDERTAKER Sam King (ADDRESS) Union Creek Mo

20. FILED Feb 10, 1938 Lizzie Melles Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan-16 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1938, to Jan 16 1938  
Last saw him alive on Jan 15 1938. Death is said to have occurred on the date stated above, at 7:30 a. m.

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

Chronic Myocarditis Date of onset not known

Other contributory causes of importance:

Nephritis Chronic not known

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ 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? Yes

If so, specify \_\_\_\_\_

(Signed) W. C. Connor \_\_\_\_\_, M. D.

(Address) Union Creek Mo

BUREAU OF VITAL STATISTICS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms in that space provided and classified. Exact statement of OCCUPATION is very important.

