

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

Do not use this space.

7

1. PLACE OF DEATH  
 39 County Greene Registration District No. 316 File No. 2739  
 Township Boone Primary Registration District No. 5435 Registered No. \_\_\_\_\_  
 City No. 3 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Earl Blanchard 452  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Springfield Mo  
 (Usual place of abode) (if nonresident, give city or town and State)  
 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.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2/3/1879

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
58 11 24

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroad Engineer  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Irish R.R.  
 10. Date deceased last worked at this occupation (month and year) 5/1936 11. Total time (years) spent in this occupation 28

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

MOTHER FATHER  
 13. NAME James Blanchard  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dade Co. Mo  
 15. MAIDEN NAME Elizabeth Taylor  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dade Co. Mo

17. INFORMANT Per a Moore  
 (ADDRESS) High Grove Mo

18. BURIAL, CREMATION OR REMOVAL  
 PLACE High Grove DATE 1/28 1938

19. UNDERTAKER Raymond Leonard Jones  
 (ADDRESS) High Grove Mo

20. FILED Jan 27 1938 Raymond Jones  
 Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 27 - 1938

22. I HEREBY CERTIFY, that I attended deceased from Jan 1938 to Jan 25 1938  
 I last saw him alive on Jan 25 1938. Death is said to have occurred on the date stated above, at 8:45 am.  
 The principal cause of death and related causes of importance were as follows:  
cerebral Hemorrhage Date of onset \_\_\_\_\_  
Left Hemisphere  
24  
 Other contributory causes of importance:  
H + Kohn + Mine

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? autopsy 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. \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) Charles H. McHaffie, M. D.  
 (Address) High Grove 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.

RECEIVED

FEB 24 1938

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