

DEC'D MAR 20 1938

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

Do not use this space.

7221

1. PLACE OF DEATH

County *Lafayette*
Township *Washington*
City (No. _____) _____ St. _____ Ward _____

Registration District No. *464*
Primary Registration District No. *5626*

File No. *19*
Registered No. *11*

2. FULL NAME

Caroline Amelia Blansin 452

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

Length of residence in city or town where death occurred *26* 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) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *R. J. Blansin*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept 27 - 1857*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 4 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Retired*
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) *England 2*

FATHER 13. NAME *Ham 4*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *England 4*

MOTHER 15. MAIDEN NAME *Mary Strickland*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *England*

17. INFORMANT *Mrs. Geo. Boyant*
(ADDRESS) *Mayview*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Haywardville 4/8 1938*

19. UNDERTAKER *W. J. Wadsworth*
(ADDRESS) *Haywardville Mo*

20. FILED *2-8-1938* *Mrs E. M. Goodwin* Registrar. *416*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb 7 - 1938*

22. I HEREBY CERTIFY, That I attended deceased from *Feb 1*, 1938, to *Feb. 7*, 1938.

I last saw her alive on *Feb 6*, 1938. Death is said to have occurred on the date stated above, at *6* P.m.

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

Acute Myocarditis

Date of onset

43h

Other contributory causes of importance:

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) *Joseph Willis* _____, M. D.

(Address) *Mayview 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.

