

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.

MISSOURI MAR 23 1938

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

Do not use this space.

1. PLACE OF DEATH

County Pulaski

Township Union

City Dixon

2

Registration District No. 711

Primary Registration District No. 5940

7878

File No. 31

Registered No. 31

St.

Ward

2. FULL NAME

Amanda Blanton 453

(a) Residence, No.

St.

Ward.

(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

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

Richard Blanton

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

10/16/1860

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

77

4

2

OCCUPATION

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

Housewife

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)

Missouri

(STATE OR COUNTRY)

FATHER

13. NAME

William M. Lee

14. BIRTHPLACE (CITY OR TOWN)

Penn.

(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME

Sally Montgomery

16. BIRTHPLACE (CITY OR TOWN)

Unknown

(STATE OR COUNTRY)

17. INFORMANT

(ADDRESS)

Richard Blanton

Dixon, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Branson

DATE Feb. 20 1938

19. UNDERTAKER

(ADDRESS)

Fred H. Gilbert

Dixon, Mo.

20. FILED 2-25- 1938

A. S. Lick

Registrar.

639

(Address)

Dixon, Mo.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Feb. 18

, 1938

22. I HEREBY CERTIFY, That I attended deceased from

Nov. 10., 1938, to Feb. 18., 1938

I last saw her alive on Jan. 15., 1938. Death is said

to have occurred on the date stated above, at 6 AM

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

Myocardial Infarction

Date of onset

Other contributory causes of importance:

Hypertension

Name of operation

Date of

What test confirmed diagnosis?

Exam.

Was there an autopsy? Yes

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?

If so, specify

(Signed)

A. S. Lick

M. D.

