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.

REC'D APR 23 1938

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

Do not use this space.

12352

File No. 3

Registered No. 15

Registration District No. 883

Primary Registration District No. 6138

1. PLACE OF DEATH
County: Texas
Township: Lynch
City: (No. , St. Ward)

2. FULL NAME: Freda Blankenship 452

(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: Fmal
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: NO

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 27 1938

7. AGE: YEARS | MONTHS | DAYS: 1 | If LESS than 1 day, hrs. or min.

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.: None
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): Success Mo

FATHER
13. NAME: Cal Blankenship
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hazleton Mo

MOTHER
15. MAIDEN NAME: Agness Lawson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Licking Mo.

17. INFORMANT (ADDRESS): Dan Blankenship Success, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Craddock DATE: Mar. 29, 1938

19. UNDERTAKER (ADDRESS): Nora Lawson Success, Mo.

20. FILED: 3/5, 1938 Julia Feeney Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1938, to May 28, 1938
I last saw h. alive on May 27, 1938. Death is said to have occurred on the date stated above, at 7 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage of Bowels	

Other contributory causes of importance: None

Name of operation: Date of
What test confirmed diagnosis? Was there an autopsy?

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) Leslie Campbell, M. D.
783 (Address) Licking Mo.