

LOCAL REGISTRAR'S REPORT—DO NOT TEAR LEAF OUT

REC'D JUN 9 1938

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

Do not use this space.

19276

1. PLACE OF DEATH

County Putnam
Township York
City Powersville, Mo. (No.)

Registration District No. 724
Primary Registration District No. 5953

File No.
Registered No.
St. Ward

2. FULL NAME Esther Rosalie Blanchard

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

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. (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) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 29, 1920

7. AGE YEARS 18 MONTHS 0 DAYS 19 If LESS than 1 day, hrs. or min.

OCCUPATION

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

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

FATHER MOTHER

12. BIRTHPLACE (CITY OR TOWN) Putnam Co. (STATE OR COUNTRY) Missouri

13. NAME Robt. Blanchard

14. BIRTHPLACE (CITY OR TOWN) Putnam Co. (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Minnie Owen,

16. BIRTHPLACE (CITY OR TOWN) Putnam Co. (STATE OR COUNTRY) Mo.

17. INFORMANT Robt. Blanchard, (ADDRESS) Powersville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wyreka Cem. DATE May, 20, 1938

19. UNDERTAKER Beary-Statton Co., (ADDRESS) Powersville, Mo.

20. FILED June 3, 1938 Mrs. D. W. Hleoch Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1938, to May 18, 1938. I last saw him alive on May 18, 1938. Death is said to have occurred on the date stated above, at 3 P. m.

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

Heart failure.
Cause unknown
Possible cerebral thrombosis

Other contributory causes of importance:

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) L. H. McDonald, Jr. M.D.

(Address) Powersville, Mo.

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1. PLACE OF DEATH

County..... Registration District No..... File No.....
Township..... Primary Registration District No..... Registered No.....
City..... (No..... St..... Ward.....)

2. FULL NAME

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
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.....			
	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)				
FATHER	13. NAME			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
	15. MAIDEN NAME			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
MOTHER	17. INFORMANT (ADDRESS)			
	18. BURIAL, CREMATION, OR REMOVAL PLACE..... DATE..... 19.....			
	19. UNDERTAKER (ADDRESS)			
	20. FILED..... 19..... Registrar.			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)	19.....
22. I HEREBY CERTIFY, That I attended deceased from..... 19..... to..... 19.....	
I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at..... m.	
The principal cause of death and related causes of importance were as follows:	
<div style="display: flex;"> <div style="flex: 1;"></div> <div style="flex: 0.5; border: 1px solid black; padding: 2px;">Date of onset</div> </div>	
Other contributory causes of importance:	
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)....., M. D. (Address).....	

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.