REC'D AUG - 4 1938

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

Do not use this space.

1. PLACE OF DEATH
County Shelby — Registration District No. 314
Township — Primary Registration District No. 4190
City Shelbyville (No. ... St. ... Ward)

File No. 25283
Registered No. 15

2. FULL NAME Still Born (Child) Blankenship

(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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Still born

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 9-1938

7. AGE: Years 0 — Months 0 — Days 0 — 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.: ✓
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): Stanberry Mo

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

MOTHER
15. MAIDEN NAME: Maude Prather
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Parnell Mo.

17. INFORMANT (ADDRESS): Fred Blankenship Stanberry Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Shelbyville Mo — DATE: 7/9 1938
Neighbors & Family

19. UNDERTAKER (ADDRESS): Lafon Funeral Home Shelbyville Mo

20. FILED 7/9 1938 C. S. Bennett Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 9, 1938, to July 9, 1938
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 6:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Still Born	

Other contributory causes of importance:

Name of operation: None 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) F. H. Dingeldey, M. D.
(Address) Shelbyville 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.

Dr. F. J. Hickey