

REGD SEP 20 1938

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

Do not use this space.

29150

1. PLACE OF DEATH

County Jackson
Township Washington
City (No.) St. Ward)

Registration District No. 404
Primary Registration District No. 3358

File No. 69
Registered No.

2. FULL NAME

Jennie Blaukenship

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 27, 1846

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
91 8 14

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 9, 1938, to Aug 11, 1938. I last saw her alive on Aug 10, 1938. Death is said to have occurred on the date stated above, at 2 A. m.

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

Intermittent Nephritis
Date of onset
131 YEARS

Other contributory causes of importance:

Name of operation None Date of Sept 10
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 _____, 1938

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) W. P. Driscoll, M. D.
(Address) Marion City, Mo.

OCCUPATION
MOTHER
FATHER

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hainesville Mo.

13. NAME J. Warren

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Sharp

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

17. INFORMANT Mrs. "Dick" Blaukenship (ADDRESS) Brendon, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Parrest Hill Cemetery DATE Aug 10, 1938

19. UNDERTAKER B. K. George & Sons (ADDRESS) Brendon, Mo.

20. FILED 9-11, 1938 Mrs J. S. Brennan (Address) Marion City, Mo.
Registrar.

366

This statement of OCCUPATION is very important. It may be properly classified.

