

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.

1938 JAN 3 1938

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 307 File No. 41832
Township Raw Primary Registration District No. 1157 Registered No. 4998
City San City (No. 1433) Lincoln Park Hospital Ward

2. FULL NAME

(a) Residence, No. 3411 Tracy, St., Edna Blanton Ward. (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 Fred H. Blanton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 12-1884

7. AGE YEARS 54 MONTHS 2 DAYS 2 If LESS than 1 day,hrs. ormin.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sewing
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Liberty Lumber Co
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) Kansas

FATHER 13. NAME John Kinney

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

MOTHER 15. MAIDEN NAME Leandra Webb

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

17. INFORMANT (ADDRESS) Fred H. Blanton
3411 Tracy

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn DATE 12/17/38

19. UNDERTAKER (ADDRESS) Bergman Funeral Home

20. FILED 12-16, 1938 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 14 38

22. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1938, to Dec 14, 1938

I last saw h. s. alive on Dec 14, 1938 Death is said to have occurred on the date stated above 2:30 p. m.

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

Coronary Thrombosis Date of onset 12-14-38
946

Other contributory causes of importance: Greenstones

Embolic of Gold Colloid 6-1-38

Name of operation Cholecystectomy Date of 12-6-38
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) J. G. Sheldon, M. D.
(Address) San Antonio

100 mg

