

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

Do not use this space.

REC'D MAY 8 1940

16316

1. PLACE OF DEATH

County St. Louis

Township North

City St. Louis

2

Registration District No. 6

Primary Registration District No. 6

File No.

Registered No.

St.

Ward

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

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

m

4. COLOR OR RACE

wh

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)

Sept 26 - 1939

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

6

16

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)

Habersham Springs, Mo.

13. NAME

Clayton Blenins

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

Denver, Ark.

15. MAIDEN NAME

Frankie Bonner

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

Summersville, Mo.

17. INFORMANT (ADDRESS)

Clayton Blenins, Habersham Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Isenheim

DATE April 11

1940

19. UNDERTAKER (ADDRESS)

Everett J. Heathman

20. FILED

Apr 17 1940

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Apr 16 1940

22. I HEREBY CERTIFY, That I attended deceased from

Sept 26 1939 to Apr 16 1940

I last saw him alive on Apr 07 1940 Death is said

to have occurred on the date stated above, at 5 P. m.

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

Spina Bifida

Other contributory causes of importance:

15 1/2

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

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)

R. S. Shumaker M. D.

(Address) Peeds Springs, Mo.

RECEIVED

District Health Officer No. 6,

District File Number 640-1216

Date Filed MAY 3 1940