

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

Do not use this space.

37481

1. PLACE OF DEATH

County Henry
Township Page
City Brownington (No.)

Registration District No. 348
Primary Registration District No. 4206

File No.
Registered No. 303 St. Ward)

2. FULL NAME

Phuma Victoria Blanchard

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

Length of residence in city or town where death occurred 7 yrs. 7 mos. 5 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 DIVORGED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 23 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 6 13

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House keeper
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Elm. Hall
(STATE OR COUNTRY) Michigan

10. NAME OF FATHER Dewitt Clinton Blanchard

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Woodbury
(STATE OR COUNTRY) Vermont

12. MAIDEN NAME OF MOTHER Schlappi

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Cornheart
(STATE OR COUNTRY) Ohio

14. INFORMANT Ruth C. Farris
(Address) Brownington Mo.

15. File No. Nov-13 1931 Registrar C. D. Taylor, M.D.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov-6 1931

17. I HEREBY CERTIFY That I attended deceased from Nov 1, 1931, to Nov 6, 1931, that I last saw her alive on Nov 3, 1931, and that death occurred, on the date stated above, at 11:10 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Multiple Arthritis

CONTRIBUTORY (SECONDARY) 57 (duration) 4 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH DATE OF

WAS THERE AN AUTOPSY

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) C. D. Taylor, M. D.

11-13 1931 (Address) Brownington Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Maplewood Cemetery DATE OF BURIAL Nov-8 1931

20. UNDERTAKER C. C. Rickett, Brownington, Mo.

R. R.—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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

NOV 24 1931

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