

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

Do not use this space.

1. PLACE OF DEATH

94 County St. Francois
Township Randolph
City Elson (No., St., Ward

Registration District No. 772
Primary Registration District No. 476

File No. 835
Registered No. 90

2. FULL NAME Nancy G. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/14, 1933

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 23 1852

22. I HEREBY CERTIFY, That I attended deceased from 2/1, 1933, to 2/14, 1933

I last saw her alive on 2/13, 1933. Death is said

to have occurred on the date stated above, at 4 A. m.
The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 9 21

Branch influenza Date of onset 20a
terminal
anemia 3 day

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

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Francois Co., Mo.

Name of operation W Date of 2/14
What test confirmed diagnosis? clinical Was there an autopsy? -

13. NAME John Layne

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.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Francois Co. Mo.

15. MAIDEN NAME Sarah Horton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Francois Co., Mo.

17. INFORMANT (ADDRESS) John G. Layne
ELVINS MO

18. BURIAL, CREMATION, OR REMOVAL
PLACE Doc Run Mo. DATE July 14, 1933

19. UNDERTAKER (ADDRESS) Joseph Diemer
FLAT COVER, MO

20. FILED 400, 1933 Edgar Whitehead
Registrar.

24. Was disease or injury in any way related to occupation of deceased? -
If so, specify -

(Signed) W. T. D... .. M. D.
(Address) Sealage

APR 24 1933

7006

RECORDS OF DEATHS IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

