

OCT 22 1928

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

Do not use this space.

29758

1. PLACE OF DEATH

County Buchanan Registration District No. 85 File No. \_\_\_\_\_  
Township Washington Primary Registration District No. 1001 Registered No. 1065  
City St. Joseph (No. 708 North 4th) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Bernie Blanton  
(a) Residence. No. 708 No 4th 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

3. SEX Female 4. COLOR OR RACE White 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) May 10-1927

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
1 3 29

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) St. Joseph  
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Ray Blanton

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Darlington  
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Zelma Brunfield

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Central County  
(STATE OR COUNTRY) Missouri

14. INFORMANT Ray Blanton  
(Address) 708 North 4th St

15. FILED SEP 20 1928 REGISTRAR John G. G.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 9, 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 7 1928, to Sept 9 1928 that I last saw her alive on Sept 9 1928, and that death occurred, on the date stated above, at 4:20 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Bronchopneumonia, acute  
Whopping Cough  
(duration) yrs. mos. ds. 5  
CONTRIBUTORY (SECONDARY) Whopping Cough  
(duration) yrs. mos. ds. 21

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? None  
(Signed) W. Roger Moore, M. D.

(Address) St. Joseph, 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 Barnard DATE OF BURIAL Sept 10, 1928

20. UNDERTAKER E. G. Sidenfaden ADDRESS 6020.10

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

