

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

Do not use this space.

1. PLACE OF DEATH **SEP 20 1934**
County Jackson
Township Skaw
City Kansas City (No. St. Luke's Hospital)

Registration District No. 399
Primary Registration District No. 1002

File No. 29571
Registered No. 3000
St. _____ Ward _____

2. FULL NAME Edward J Blanchard

(a) Residence, No. 2525 Park 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Sarah Blanchard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 11 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
62 7 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumbing Inspector
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) Missouri

13. NAME Joseph Blanchard

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

15. MAIDEN NAME Mary

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT Miss Agnes Blanchard
(ADDRESS) 2525 Park

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill Cem DATE Aug 30 1934

19. UNDERTAKER Quirk & Tobin Co.
(ADDRESS) 20 West Linwood

20. FILED 28 1934 M. M. Cron Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 28 1934

I HEREBY CERTIFY, That I attended deceased from July 24 1934 to Aug 28 1934
I last saw him alive on Aug 28 1934 Death is said to have occurred on the date stated above, at 9:20 A M

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

Military Tuberculosis Date of onset 7/19/34
Chronic Pulmonary TB
Myocarditis
Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis Autopsy Was there an autopsy? Yes

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? No
If so, specify _____

(Signed) H. P. Bushman, M. D.
(Address) 1032 Big Bend K.P. Mo

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.

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