

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.

JUN 17 1936

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

Do not use this space.

18608

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph

(No. 511 South 20th.)

File No.

Registered No. 693

St. Ward

2. FULL NAME Ollie Blankenship

(a) Residence, No. 511 South 20th., St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 26 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF E. Frank Blankenship

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 10, 1875

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
63 3 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) Doniphan County  
(STATE OR COUNTRY) Kansas

13. NAME Wm. Higgins

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

15. MAIDEN NAME Mathilda Jane Meade

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

17. INFORMANT E. Frank Blankenship, Mo.  
(ADDRESS) 511 South 20th. Str. St. Joseph

18. BURIAL, CREMATION, OR REMOVAL PLACE Rose Hill Cemetery, Robinson, Kansas  
DATE May 14 36

19. UNDERTAKER H. O. Sidenfaden  
(ADDRESS) 1802 Union Str. St. Joseph, Mo.

20. FILED May 14, 1936 N. J. Nestabuck  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 25, 1936, to May 12, 1936. Death is said to have occurred on the date stated above, at 7:30 P. M. I last saw her alive on May 12, 1936.

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

Chronic Myocarditis  
Chronic Endocarditis

Date of onset Unknown

Other contributory causes of importance:

Pneumonia

Name of operation None Date of

What test confirmed diagnosis? Exam Was there an autopsy? No

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) E. M. Shores, M. D.  
(Address) 317 1/2 Kirkpatrick Bldg

St. Joseph Mo.

