

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.

SEP 21 1936 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

30571

1. PLACE OF DEATH *Irene*
 County *Irene* Registration District No. *1315*
 Township *Emmett* Primary Registration District No. *2091*
 City *Emmett to Hospital (just outside city)* (No. *688* Ward)

2. FULL NAME *Sarah M. Blankenship*
 (a) Residence, No. *Pleasant Hope Mo* Ward. *Pleasant Hope Mo*
 (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 <i>F.</i>	4. COLOR OR RACE <i>Wh.</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>June 2-1856</i>		
7. AGE	YEARS <i>80</i>	MONTHS <i>20</i>
	DAYS <i>7</i>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	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) <i>Mo.</i>		
FATHER	13. NAME <i>Robert Blankenship</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Irene</i>	
MOTHER	15. MAIDEN NAME <i>Mary Malloy</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Irene</i>	
17. INFORMANT (ADDRESS) <i>Colvin M. Barnes</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Marshall</i> DATE <i>July 11, 1936</i>		
19. UNDERTAKER (ADDRESS) <i>M. Graham Funeral, Pleasent Hope Mo</i>		
20. FILED <i>8-9-1936</i> <i>D. Chas a George</i> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *8/9* 19*36*

22. I HEREBY CERTIFY, That I ~~attended~~ *attended* deceased from 19..... to *Aug. 9th* 19*36*

I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:
Death was caused by shock due to injuries received in an automobile - like accident.

Date of onset

Other contributory causes of importance:
7/10

Name of operation..... Date.....
 What test confirmed diagnosis?..... Was there an autopsy? *NO*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? *Accident* Date of injury *8-9, 1936*
 Where did injury occur? *near Marshall, Mo*
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
Car in which she was riding
 Manner of injury *struck out of control*
 Nature of injury *truck*

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify.....
 (Signed) *M. P. Peterson*, M. D.
 (Address) *Springfield, Mo*
of Green County, Mo

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Second paragraph of faint text, continuing the narrative or list.

Third paragraph of faint text, appearing as a distinct block.

Fourth paragraph of faint text, showing some structural elements.

Fifth paragraph of faint text, possibly containing a transition.

Sixth paragraph of faint text, continuing the main body.

Seventh paragraph of faint text, showing some irregular spacing.

Eighth paragraph of faint text, appearing as a shorter block.

Ninth paragraph of faint text, possibly a concluding sentence.

Tenth paragraph of faint text, the final visible block on the page.