

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.

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

Do not use this space.

FEB 23 1937

1. PLACE OF DEATH
 103 County Stoddard Registration District No. 838
 Township Liberty Primary Registration District No. 609A B
 City _____ (No. 2) _____ St. _____ Ward _____

File No. 4630

Registered No. _____

2. FULL NAME Grant Ulysess Blancett
 (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 20 yrs. mos. da. How long in U. S., if of foreign birth? _____ yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/25/37, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mattie K. Blancett

22. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1937, to Jan 25, 1937
 I last saw him alive on Jan 25, 1937. Death is said to have occurred on the date stated above, at 8 a.m.
 The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 23, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 9 2

Tubercular meningitis (Date of onset 1-23-37)

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

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:
Influenza

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Piatt Co., Illinois

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mattie K. Blancett
 (ADDRESS) Dexter, Mo. Rfd

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Aid, Mo. DATE 1/27/37, 1937

19. UNDERTAKER Blankenship-Strickland
 (ADDRESS) Dexter, Mo.

20. FILED 7-9 37 Mrs. M. B. Gamel
 Registrar.

Name of operation _____ Date of _____
 What test confirmed diagnosis? C 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) S. S. Haines, M. D.
 (Address) Dexter Mo

