

Harlan

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

Do not use this space
15429

1. PLACE OF DEATH
109 County Shelby Registration District No. 927
2 Township Shelby Primary Registration District No. 4500
3 City Delaware

File No.
Registered No. 10
St. Ward

2. FULL NAME Peter B. Blanchet
(a) Residence, No. St. Ward.
(Usual place of abode)
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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs P. B. Blanchet
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 4-1959
7. AGE YEARS 76 MONTHS 8 DAYS 19 If LESS than 1 day, hrs. or min.
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. Laborer
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) East St Louis
13. NAME David Brown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) East St Louis
15. MAIDEN NAME East St Louis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) East St Louis
17. INFORMANT (ADDRESS) Earl Stewart
18. BURIAL, CREMATION, OR REMOVAL PLACE Union Cemetery DATE 4-15-33
19. UNDERTAKER (ADDRESS) 66 ...
20. FILED 5/10 1933 Roy Hamilton Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/13 1933
22. I HEREBY CERTIFY, That I attended deceased from Mar 27, 1933, to April 13, 1933
I last saw him live on April 10, 1933. Death is said to have occurred on the date stated above, at 39 m.
The principal cause of death and related causes of importance were as follows:
82B Cerebral Thrombosis Date of onset Jan 1933
97
82B
Other contributory causes of importance:
Arterio Sclerosis 1920
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?
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?
If so, specify of Harlan
(Signed) Clarence, M. D.
(Address) ...

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.

MAY 24 1933

MARGIN RESERVED FOR BINDING

V. S. NO. 2

1950

10

11

12

13