

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.

JUL 21 1933

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

Do not use this space.

1. PLACE OF DEATH  
 County Greene Registration District No. 318 File No. **19435**  
 Township Springfield Primary Registration District No. 2601 Registered No. 452  
 City Springfield (No. 855) St. M. Grant Ward  
 2. FULL NAME Lanzytha Jane Blansit  
 (a) Residence, No. Walnut Shade No. St. Walnut Shade No. 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**

**MEDICAL CERTIFICATE OF DEATH**

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 Clement C. Blansit  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) sep 14-1861  
 7. AGE YEARS 71 MONTHS 8 DAYS 26 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Work  
 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) Ark  
 MOTHER 13. NAME Mrs Campbell  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
 15. MAIDEN NAME Mary Smith  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark  
 17. INFORMANT Clement C. Blansit  
 (ADDRESS) Walnut Shade No.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Walnut Shade Cemetery Co. No. DATE June 12, 1933  
 19. UNDERTAKER (ADDRESS) Whelchel Funeral Home  
Blanson No.  
 20. FILED 6-12-1933 Ralph W. Langston Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10, 1933  
 22. I HEREBY CERTIFY That I attended deceased from June 2, 1933, to June 10, 1933  
 First saw her alive on June 7, 1933. 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:  
Cholelithiasis Date of onset \_\_\_\_\_  
Cholangitis \_\_\_\_\_  
Gall Bladder \_\_\_\_\_  
Acute Nephritis \_\_\_\_\_  
 Other contributory causes of importance Jamieson, Bloody Urine  
 Name of operation \_\_\_\_\_ Date of operation \_\_\_\_\_  
 What test confirmed diagnosis? history & symptoms 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 \_\_\_\_\_  
 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 \_\_\_\_\_  
 (Signed) C. B. Bellins M. D.  
 (Address) 31812 College

