

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

Do not use this space.

AUG 24 1936

27291

1. PLACE OF DEATH

County Monteagle Registration District No. 577
Township West Grove Primary Registration District No. 577.5
City Monteagle No. 577.5 St. _____ Ward _____

File No. _____
Registered No. 12
St. _____ Ward _____

2. FULL NAME Earnest George Blaukenship

(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 _____ yrs. mos. ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) <u>Pearl Blaukenship</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 17 - 1896</u>		
7. AGE	YEARS <u>39</u>	MONTHS <u>8</u>
	DAYS <u>22</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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)	<u>Monteagle Mo.</u>	
FATHER	13. NAME <u>Wesley Blaukenship</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Monteagle Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Doris Jauris</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Monteagle Mo.</u>	
17. INFORMANT <u>Mrs Earnest Blaukenship</u> (ADDRESS) <u>Monteagle Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Flag Springs</u> DATE <u>7/10/36</u>		
19. UNDERTAKER <u>W. H. Smith & Fred Meyer</u> (ADDRESS) <u>California Mo.</u>		
20. FILED <u>8-10</u> <u>W. M. Maule</u> <u>Robertson</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9 1936

22. I HEREBY CERTIFY that I attended deceased from July 7 1936 to July 9 1936
I last saw him alive on July 9 1936 at 11:00 PM. Death is said to have occurred on the date stated above, at 11:00 PM.

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

Erysipelas
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Other contributory causes of importance:
sinusitis, right nasal cavity

Name of operation none Date of _____
What test confirmed diagnosis? clinical 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) A. Glenn Davis, M. D.
(Address) Russellville, Mo.

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 12 1948

JUN 9 1948