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

Do not use this space.

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1. PLACE OF DEATH

County Buchanan — Registration District No. 1001 — File No.

Township — Primary Registration District No. — Registered No. 454

City St. Joseph (No. Missouri Methodist Hosp St. Ward)

2. FULL NAME Ethel May Blanton

(a) Residence, No. St., Ward. Troy, Kansas

(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

JUN 21 1932

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF George Blanton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 1 - 1890

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	41	9	4	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) April 15-32

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Severance Kansas

FATHER

13. NAME John C. Rowland

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Geo Blanton Troy, Kans

18. BURIAL, CREMATION, OR REMOVAL

PLACE Troy, Kansas DATE May 7, 1932

19. UNDERTAKER Nelson-Bigelow-Bowman

(ADDRESS) 319 S. 10th St. Funeral Home

20. FILED 5-5-32 19 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from 4/29, 1932 to 5/5, 1932

I last saw her alive on 5/4, 1932 Death is said to have occurred on the date stated above, at 5:15 a.m.

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

	Date of onset
Septicemia due to injury of hand and infection with abscess formations -	4/29/32
Injury received while working on chicken house cut with piece of wire at home Troy Kansas date of injury unknown	3/1/32

Other contributory causes of importance: Diabetes

Name of operation Amputation Forearm Date of 5/3/32

What test confirmed diagnosis? Surgical & Pathology Was there an autopsy? No

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23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? No

(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) B B Simmons, M. D.

(Address) St Joseph Mo