

County--Aloka
Town--Aloka
Cotton Clinic Hospital

DOD--Jan. 14, 1945 10:40 a.m.

Attended--Oct. 1944 to Jan. 14, 1945

DOB--May 10, 1901 Bonham, Tex.

Terminal pneumonia
Hypertension
Cirrhosis of liver

Lewis Blankenship, Bonham

Lois Baker, Bonham

Caldon

215

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH

State of Oklahoma 3-18
State File No. _____
Registrar's No. 1466

1 PLACE OF DEATH: (a) County Aloka
(b) City or town Aloka
(c) Name of hospital or institution Cotton Clinic Hospital
(d) Length of stay: In hospital or institution _____
In this community _____
3(a) FULL NAME Lewis Blankenship
3 (b) If veteran, _____ 3 (c) Social Security _____
4. Sex M 5. Color or race W 6(a) Single, widowed, married, divorced _____
6 (b) Name of husband or wife _____ 6 (c) Age of husband or wife, if alive _____
7. Birth date of deceased: May 10 - 1901
8. AGE: Years 43 Months 8 Days 4
9. Birthplace Bonham, Tex
10. Usual occupation 000
11. Industry Lewis Blankenship
12. Birthplace Bonham, Tex
13. Maiden name Lois Baker
14. Birthplace Bonham - Tex
15. (a) Informant's own signature Lewis Blankenship
(b) Address Bonham
17. (a) Funeral (b) Date thereof Jan 15 - 45
(c) Place: burial or cremation Aloka
Signature of embalmer Wesley Keith
18. (a) Signature of funeral director Wesley Keith
(b) Address Aloka
19. (a) 5 45 (b) _____
20. MEDICAL CERTIFICATION
20. Date of death: Month Jan year 1945
21. I hereby certify that I attended the deceased from _____ to _____
and that death occurred on the date and hour stated above.
22. If death was due to external cause, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on _____
place, in public place? _____
23. Signature _____
Address Aloka