JUN 25 1930

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

Do not use this space.

15880

1. PLACE OF DEATH
County: Greene — Registration District No.: 3.8.
Township: — Primary Registration District No.: 2905
City: Springfield (No. 848 S. Robberson St., Ward)
File No.: — Registered No.: 405

2. FULL NAME: Walter Blakey
(a) Residence. No. 848 S. Robberson 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: Male
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 10-1879
7. AGE: Years 50 | Months 11 | Days 13 | If LESS than 1 day, ...hrs. or ...min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Porter
(b) General nature of industry, business, or establishment in which employed (or employer): Barber shop
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

PARENTS
10. NAME OF FATHER: Sandy Blakey
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: Nellie Horn
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mo.

14. INFORMANT: Lula Blakey
(Address): 848 S. Robberson
15. FILED 5-29, 1930 Fox Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 27 1930
17. I HEREBY CERTIFY, That I attended deceased from May 1, 1930, to May 27, 1930, that I last saw him alive on May 26, 1930, and that death occurred, on the date stated above, at 9 P. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
(a) Valvular Heart Disease
(duration) 1 yrs. mos. ds.
CONTRIBUTORY (SECONDARY)
(duration) yrs. 3 mos. ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Symptoms
(Signed) Olas A. George M. D.
5-29, 1930 (Address) Springfield Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Hazelwood Cem. — DATE OF BURIAL: May 30/30 1930
20. UNDERTAKER: W. L. Campbell — ADDRESS: 869 Wash.

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.