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

Do not use this space.

File No. 21007-1

Registered No.

1. PLACE OF DEATH: County Jasper; Township Jackson; City Joplin; Registration District No. 253; Primary Registration District No. 5351; No. [illegible] Blackley St. [illegible] Ward)

2. FULL NAME Chronicle B. Blakely

(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: F

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Charles Blakely

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 6 1857

7. AGE: Years 74; Months 7; Days; If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer: —

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

PARENTS

10. NAME OF FATHER: unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): dont know

12. MAIDEN NAME OF MOTHER: dont know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): dont know

14. INFORMANT: Mary B Lakely
(Address): Lo CR Springs

15. FILED Oct 10 1931 A G Milligan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 22 1931

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1931, to June 22, 1931, that I last saw h. alive on June 1, 1931, and that death occurred, on the date stated above, at [illegible] m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Cerebral Hemorrhage

82 A

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) A G Milligan, M. D

Oct 10, 1931 (Address) Lo CR Springs

*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: Clear Creek — DATE OF BURIAL: June 24 1931

20. UNDERTAKER: H R Robertson — ADDRESS: Carterville

OCT 22 1931

21007-1

Name of property examined. Exact statement of OCCUPATION is very important.

~~Almirilda~~

Almirilda

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CERTIFICATE OF DEATH

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

File No. 21007-1

Registered No.

Registration District No. 25-3

Primary Registration District No. 5-3-5-1

1. PLACE OF DEATH

County Daviess

Township Jackson

City Almirilda (No. St. Ward)

2. FULL NAME Almirilda Blakley

(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 Female | 4. COLOR OR RACE White | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE Years | Months | Days | If less than 1 day, ...hrs. or ....min.

OCCUPATION

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

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)

FATHER

13. NAME

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

MOTHER

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED June 10 1931 A. T. Minnick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 22, 1931

22. I HEREBY CERTIFY, That I attended deceased from ....19...., to ....19....

I last saw h.... alive on ....19.... 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:

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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?

If so, specify

(Signed) ....., M. D.

(Address)

SUPPLEMENTARY

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every statement should be carefully supplied. CAUSE OF DEATH in plain terms, and properly classified. Exact statement of OCCUPATION is very important.

BEGIN WITH THE FIRST LINE. DO NOT RECEIVE A FUNERAL CERTIFICATE UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

5-21067-1