

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

Do not use this space.

38650

1. PLACE OF DEATH

12 County Butler Registration District No. E9 File No. _____
Township _____ Primary Registration District No. 5131 Registered No. 209
City Poplar Bluff (No. _____) St. _____ Ward _____

2. FULL NAME

Roger Duane Blakeney
(a) Residence, No. R. 7, D. 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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 14 1913

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
19 6 18

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

FATHER 13. NAME Thomas T. Blakeney

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

MOTHER 15. MAIDEN NAME Angelina Hayes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Majority, Mo

17. INFORMANT (ADDRESS) Tom Blakeney Poplar Bluff

18. BURIAL, CREMATION, OR REMOVAL: PLACE Cambell DATE Dec 3 1932

19. UNDERTAKER (ADDRESS) Beverly Funeral Home Poplar Bluff

20. FILED Dec 5 1932 B. J. King Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-2 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 27 1932 to Dec 2 1932
I last saw h. i. m. alive on Dec 2 1932 Death is said to have occurred on the date stated above, at 9 PM.

The principal cause of death and related causes of importance were as follows:
Pertussis acuta Date of onset Nov 30 1932

Other contributory causes of importance:
Intussusception of small intestine Date of onset Nov 25 1932

Name of operation intestinal resection Date of Nov 30 1932
What test confirmed diagnosis? suspension 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) B. J. Macaulay M. D.
(Address) Poplar Bluff 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.

JAN 21 1933

