

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

Do not use this space.

9802

**1. PLACE OF DEATH** Veterans' Administration Hospital

County **Jackson**

Registration District No. **385**

Township **Kaw**

Primary Registration District No. **14005**

City **Kansas City, Mo.**

(No. **Veterans Hospital**) St. \_\_\_\_\_ Ward)

File No. \_\_\_\_\_

Registered No. **14005**

**2. FULL NAME** **BLAKEY, Zenith Edward**

**C-None**

**202-10**

(a) Residence, No. **3901 Michigan** St., \_\_\_\_\_

Ward. **Pvt. Base Hosp. 28th Waco, Tex.**

(Usual place of abode) **Kansas City, Mo.**

(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) **Divorced**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 3, 1896**

7. AGE YEARS **36** MONTHS **6** DAYS **22** If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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) **Missouri**

MOTHER FATHER 13. NAME **Unknown**

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

15. MAIDEN NAME **Unknown**

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

17. INFORMANT **Hospital Records** (ADDRESS) **Vet. Hosp., Kansas City, Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Mt. Moriah** DATE **3-27-33** 19.

19. UNDERTAKER **Freeman Mortuary** (ADDRESS) **Kansas City, Mo.**

20. FILED **Mich 26, 1933** **M. M. Crowe** Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 25** 19 **33**

22. I HEREBY CERTIFY, That I attended deceased from **March 18** 19 **33**, to **March 25** 19 **33**

I last saw him alive on **March 25** 19 **33** Death is said

to have occurred on the date stated above, at **7:20 a.m.**

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

**General Peritonitis** Date of onset **3-24-33**

Other contributory causes of importance: **Intra-abdominal abscess** Unknown

Name of operation **Laparotomy and drainage of abscess** Date of **3-24-33**

What test confirmed diagnosis? **Operation** 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? \_\_\_\_\_ If so, specify \_\_\_\_\_

(Signed) **W. E. Chambers, M.D.** M. D. **W. E. Chambers, Med. Officer in Charge** (Address) **Vets. Adm. Hosp. Kansas City, Mo.**



REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

**MISSOURI STATE BOARD OF HEALTH  
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County..... Registration District No..... File No.....  
 Township..... Primary Registration District No..... Registered No. 1406  
 City..... (No. Veterans Hospital) St. .... Ward)

**2. FULL NAME**

(a) Residence, No. Smith Edw Blakey 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**

**MEDICAL CERTIFICATE OF DEATH**

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

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.  
36 6 22

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. Data 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) .....

13. NAME .....

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

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 Feb 26 1933 M. M. Crow Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 25 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 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:

Central peritonitis Date of onset .....  
suppurative, non-tuberculous.

W. E. CHAMBERS,  
 Medical Officer in Charge,  
 Vet. Adm. Hospital, K.C., Mo.

Other contributory causes of importance:

Intra abdominal abscess  
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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).....

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