

DEC 18 1936

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

Do not use this space.

40727
119

1. PLACE OF DEATH

County Clay
Township Liberty
City Liberty (No. 3012)

Registration District No. 201
Primary Registration District No. 5280

File No. 40727
Registered No. 119
St. _____ Ward _____

2. FULL NAME

Joseph William Blaveley
(a) Residence No. 402 Mississippi St., _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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) Dec. 4 - 1854

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>81</u>	<u>11</u>	<u>21</u>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retail merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. & Farming
10. Date deceased last worked at this occupation (month and year) 1930 11. Total time (years) spent in this occupation. 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barnard, Mo.

FATHER 13. NAME J. Calvin Blaveley

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

MOTHER 15. MAIDEN NAME Juliana Smith

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

17. INFORMANT (ADDRESS) Harry Miller, Liberty, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty, Mo. DATE 11/27 - 36

19. UNDERTAKER (ADDRESS) Church - Archer Co., Liberty, Mo.

20. FILED 1126 1936 E T Branch Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10th, 1936, to Nov. 25th, 1936.

I last saw him alive on Nov. 25th, 1936. Death is said to have occurred on the date stated above, at 4 P m.

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

Coronary Occlusion Date of onset _____

Atherosclerosis

Other contributory causes of importance He had Bronchial Asthma for years. Don't know how long. Probably 40 yrs from timing.

Name of operation _____ Date of _____

What test confirmed diagnosis? History 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 _____, 1936.

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) J. W. Young, M. D.

(Address) 204 W. 4th - Liberty, Mo.

