MAY 21 1937

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

Do not use this space.

File No. 16611
Registered No.

1. PLACE OF DEATH
County: Jackson
Township: Brocking
City: ~~Ray-Town~~
Registration District No. 403
Primary Registration District No. 5557
(No. 60th and Blue Ridge St. Ward)

2. FULL NAME: Mrs. Elizabeth C. Blakey
(a) Residence, No. 60th and Blue Ridge St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 43 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Robert L. Blakey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): December 31, 1858

7. AGE: Years 78 | Months 3 | Days 15 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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): April, 1937
11. Total time (years) spent in this occupation: 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Clinton County, Mo.

FATHER
13. NAME: John R. Green
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Kentucky

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Dr. Robert L. Blakey 60th and Blue Ridge
18. BURIAL, CREMATION, OR REMOVAL — PLACE: Lathrop, Mo. DATE: April 18, 1937
19. UNDERTAKER (ADDRESS): D. W. Newcomer's Sons Kansas City, Mo.
20. FILED 4-17, 1937 W. M. Eubank Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-16, 1937, to 4-16, 1937
I last saw her alive on 4-16, 1937. Death is said to have occurred on the date stated above, at 9:45 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	1920
Other contributory causes of importance:	
Nephritis	1925
Tuberculosis (Pulmonary)	1922

Name of operation: None Date of:
What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? NO Date of injury: ..., 19..
Where did injury occur? NO
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. NO
Manner of injury: None
Nature of injury: None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify:
(Signed) W. M. Eubank, M. D.
(Address) Ray Town, Mo.