

0. 2
2-43
7-39
X35897

FILED MAY 16 1946

Registration District No. _____

Primary Registration District No. 5916

Registrar's No. 34

1. PLACE OF DEATH:
 (a) County Perry
 (b) City or town Rural Cinque Hommes
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community 74-7-27 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Perry 79
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location) 0
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Thomas I Blaylock
 3. (b) If veteran, name war _____
 3. (c) Social Security No. 495-14-3235

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 17
 year 1946 hour 12 minute 30 P.M.

4. Sex Males 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Ida Blaylock 6. (c) Age of husband or wife if alive 71 years
 7. Birth date of deceased August 20 1871
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 28, 1946, to April 17, 1946; that I last saw him alive on April 16, 1946 and that death occurred on the date and hour stated above.
 Immediate cause of death 1. Heart Thrombosis Duration _____

8. AGE: Years Months Days If less than one day
74 7 27 hr. _____ min.

Due to Pneumonia
 Due to Pneumonia
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

9. Birthplace Perry Co. Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Farmer

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

MOTHER FATHER {
 12. Name Ellick Blaylock
 13. Birthplace Perry Co. Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Vicy Penny
 15. Birthplace Perry Co. Missouri
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place)

16. (a) Informant Ida Blaylock
 (b) Address Perryville Mo. R # 1
 17. (a) Burial (b) Date thereof 4-19-1946
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt. Pleasant- Mo.
 18. (a) Signature of funeral director Joseph J. Zoller
 (b) Address Perryville Mo.
 19. (a) April 12, 1946 (b) Joseph J. Zoller
(Date received local registrar) (Registrar's signature)

While at work _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature R. D. Blaylock (M. D. or other) _____
 Address Black Bridge Mo. Date signed 4-20-46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

250

RECEIVED

District Health Officer No. 4
District File Number 546-2143
Date Filed 5-15-46

MAY 20 1946

NOV 23 1950

MAY 21 1946

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. JuneRegistration District No. 273Primary Registration District No. 5916Registrar's No. 34

1. PLACE OF DEATH:

- (a) County Perry
 (b) City or town Rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 (years, months or days)

3. (a) PRINT
FULL NAMEThomas J Blaylock3. (b) If veteran,
name war _____3. (c) Social Security
No. _____4. Sex m 5. Color or
race w 6. (a) Single, widowed, married,
divorced m6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years7. Birth date of deceased aug 20 1946
(Month) (Day) (Year)8. AGE: Years 24 Months 7 Days _____ If less than one day
hr. _____ min. _____9. Birthplace _____ Mo
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)16. (a) Informant _____
(b) Address _____17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State _____ (b) County _____
 (c) City or town _____
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July
year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____

that I last saw him _____ alive on _____, 19____
and that death occurred on the date and hour stated above,
immediate cause of death bronchial pneumonia

Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

ADDITIONAL
SUPPLEMENTARY
INFORMATION
REQUESTED

PHYSICIAN _____

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(e) Means of injury _____23. Signature R J Blaylock MD (M. D. or other) _____
Address Oak Ridge Mo Date signed 5-21-46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

16471

17591