

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

Do not use this space.

1. PLACE OF DEATH

County Carroll
Township Combs
City Bosworth (No. St. Ward)

Registration District No. 134
Primary Registration District No. 5789

File No. 8161
Registered No. 7

2. FULL NAME John M. Blakeley

(a) Residence, No. 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 M	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 Rachial Blakeley		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 9th 1852		
7. AGE 81	YEARS 3	MONTHS 11
IF LESS than 1 day, hrs. or min.		

OCCUPATION	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) **Pennsylvania**

13. NAME **John Blakeley**

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

15. MAIDEN NAME **Eliza Jane Marshall**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland-Ireland**

17. INFORMANT **H.M. Blakeley**
(ADDRESS) **Bosworth, MO.**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Big Creek** DATE **Mar. 23, 1934**

19. UNDERTAKER **Travis Leonard**
(ADDRESS) **Bosworth, MO**

20. FILED **Mar 20, 1934 Mrs. Boas Brown**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Mar, 20th 1934**

22. I HEREBY CERTIFY, That I attended deceased from **Mar 11, 1934**, to **Mar 20, 1934**
I last saw him alive on **Mar 20, 1934** Death is said to have occurred on the date stated above, at **9:15 a.m.**

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

Influenza followed by Broncho Pneumonia
Date of onset **11/10/34**
Other contributory causes of importance: **1/19**

Name of operation Date of
What test confirmed diagnosis? **Chest** 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 **At 2000 Brown**
(Signed) **T. Boas Brown**, M. D.
(Address) **Bosworth, 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.

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