

REC'D MAR 9 1939

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

Do not use this space.

1. PLACE OF DEATH

17 County Carroll
 20 Township Bridge
 0 City Bosworth

Registration District No. 134
 Primary Registration District No. 4075

File No. 6127
 Registered No. 2
 St. _____ Ward)

2. FULL NAME

Robert James 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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Florence Blakeley</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 5, 1857</u>		
7. AGE	YEARS <u>81</u>	MONTHS <u>1</u>
	DAYS <u>26</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Merchant</u>	
	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) <u>Philadelphia Penn.</u>		
FATHER	13. NAME <u>John Blakeley</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
MOTHER	15. MAIDEN NAME <u>Mittie Marshall</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
17. INFORMANT <u>Mrs Robert James Blakeley</u> (ADDRESS) <u>Bosworth Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Union Cemetery</u> DATE <u>Feb 2</u> 19 <u>39</u>		
19. UNDERTAKER <u>David J. Edwards</u> (ADDRESS) <u>Bosworth Mo</u>		
20. FILED <u>Feb 1, 1938</u> <u>Mrs. A. G. Brown</u> Registrar. <u>127</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 1 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 1st 38 to Feb 1 1939
 I last saw him alive on Feb 1 1939 Death is said to have occurred on the date stated above, at 6:45 am.
 The principal cause of death and related causes of importance were as follows:
Corrosion of Lungs Date of onset
1240
 Other contributory causes of importance
Atypical Pneumonia

Name of operation _____ Date of _____
 What test confirmed diagnosis Chemical 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 _____
 (Signed) Dr. Ross Brown M.P.
Bosworth, Mo (Address)

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.

