

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

Do not use this space.

4614

**MAR 21 1935**

**1. PLACE OF DEATH**

County Carroll Registration District No. 134  
 Township Boysa Primary Registration District No. 4075  
 City Bosworth (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 6  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

William 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>Lucinda Blakeley</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 20, 1843</u>				
7. AGE	YEARS <u>91</u>	MONTHS <u>7</u>	DAYS <u>22</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>Bush Mason</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>Chalund</u>				
FATHER	13. NAME <u>Geo Blakeley</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Chalund</u>			
MOTHER	15. MAIDEN NAME <u>Elizabeth Marshall</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Chalund</u>			
17. INFORMANT <u>H. H. Blakeley</u> (ADDRESS) <u>Bosworth Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Big creek</u> DATE <u>Feb. 14, 1935</u>				
19. UNDERTAKER <u>David J. Edwards</u> (ADDRESS) <u>Bosworth Mo.</u>				
20. FILED <u>Feb. 13, 1935</u> <u>Mrs. Boss Brown</u> Registrar				

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1935 to Feb 12, 1935  
 I last saw him alive on Feb 12, 1935 Death is said to have occurred on the date stated above, at 4 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Endocarditis Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Chronic Interstitial Nephritis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis \_\_\_\_\_ 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) W. Boss 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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