

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

17822

1. PLACE OF DEATH

County Saline

Registration District No. 792

File No. _____

Township Arrow Rock

Primary Registration District No. 4473

Registered No. 3

City Arrow Rock (No. _____)

St. _____ Ward _____

2. FULL NAME

Ira Moore Blakely

(a) Residence. No. _____ St. _____ W. _____

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred, 11 yrs. _____ mos. _____ ds. How long in U.S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF widower.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 27, 1852

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>70</u>		<u>5</u>	<u>6</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) don't know
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Huston Blakely

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) not known

12. MAIDEN NAME OF MOTHER Virna Wood

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) not known

14. INFORMANT Mrs. Dr. H. Palmer
(Address) Marshall Mo.

15. FILED 5/2/1923 M. S. McGuire
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 1 1923

17. I HEREBY CERTIFY, That I made inquest _____, 19____, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m. 7:40

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Dropped dead
probably apoplexy

sudden (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____
(Signed) B. E. Bradshaw Coroner, M. D.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Arrow Rock DATE OF BURIAL May 2, 1923

20. UNDERTAKER L. M. Nelson ADDRESS Nelson Mo.

K. 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.

