

P 29 1927

Dr W.

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

Do not use this space.

24917

1. PLACE OF DEATH

County Miss.
Township East Prairie
City East Prairie, Mo.

Registration District No. 5-67
Primary Registration District No. 7334

File No. _____
Registered No. 44
St. _____ Ward _____

2. FULL NAME

Billy Joe Blocker

(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 26 - 1927

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
1

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) East Prairie
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Code Blocker

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Scoutland
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Augustine Beethan

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Mo.

14. INFORMANT (Address) Code Blocker
East Prairie Mo.

15. FILED 92 27 Ruffin Hodges
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 26 1927

17. HEREBY CERTIFY That I attended deceased from Aug. 20th, 1927, to Aug. 26th, 1927, that I last saw him alive on Aug. 23th, 1927, and that death occurred, on the date stated above, at 3:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Purpura Hemorrhagica (New Born)
161D

CONTRIBUTORY (SECONDARY)

69 A

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) Geo W Whitaker, M. D.

9-2-, 1927 (Address) East Prairie, Mo.

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

W. O. W.

Aug 26 1927

20. UNDERTAKER (ADDRESS) Provis Shelby
East Prairie 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.

