

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

Do not use this space.

9649

1. PLACE OF DEATH

County Buchanan
Township.....
City St. Joseph, (No.....)

Registration District No. 85
Primary Registration District No. 1001

File No.....
Registered No. 355
St..... Ward)

2. FULL NAME George Blackley,

(a) Residence. No. 915 North 2nd. St..... Ward.....
(Usual place of abode)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 54 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married,</u>
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16. DATE OF DEATH (MONTH, DAY AND YEAR) March 13, 1929

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Blackley

17. **Viewed body**
I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19....., that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at Imbureau m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 4, 1865

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>64</u>	<u>0</u>	<u>9</u>	

Suicide by hanging by neck from tree, near South West city limits

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Sausage Maker
(b) General nature of industry, business, or establishment in which employed (or employer). Packing Co.
(c) Name of employer Swift & Company,

CONTRIBUTORY (SECONDARY) 168
(duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Germany,

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH..... no

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?..... no

WHAT TEST CONFIRMED DIAGNOSIS?

10. NAME OF FATHER Unknown,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Germany,

(Signed) B. W. Tadlock Coroner, M. D.
3/13, 19 29 (Address) St Joseph Mo.

12. MAIDEN NAME OF MOTHER Unknown,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Germany,

*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.

14. INFORMANT Mrs. Geo. Blackley
(Address) 915 North 2nd Street

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mount Mora Cemetery DATE OF BURIAL March 15, 19 29

15. FILED 15 19 1929
J. M. G. [Signature] REGISTRAR

20. UNDERTAKER Heaton-Bethale & Bowman ADDRESS 319 S. 10 St.

by S. H. Karel Funeral Home

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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PARENTS

