

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

Do not use this space.

26855

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Law Primary Registration District No. 1092  
 City Hannasville No. 301 East 43rd St. 3407 (Ward)

**2. FULL NAME**

Hardy Blayney  
 (a) Residence. No. 301 E. 43rd St., 43rd Ward.  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 1, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
67 5 19

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work. Dispatcher  
 (b) General nature of industry, business, or establishment in which employed (or employer) Burlington Rd  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Ill.  
 (STATE OR COUNTRY)

10. NAME OF FATHER Wm. Blayney

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Mrs. Bessie B. Blayney  
 (Address) 301 E. 43rd

15. FILED 8/21, 1930 M. M. Crowe  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 20 1930

17. I HEREBY CERTIFY, That I attended deceased from July 15, 1927, to Aug 20, 1930, and that I last saw him alive on Aug 20, 1930, and that death occurred, on the date stated above, at 2:50 P.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Chronic Bronchitis  
Nephritis

CONTRIBUTORY (SECONDARY) 129 d  
 (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) G. H. Penley M. D.

8-21, 1930 (Address) 306 Argyle Bldg

\*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 Alexis Ill. DATE OF BURIAL Aug 21, 1930

20. UNDERTAKER S. H. Newcomer's Sons & Co. 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.

206 Argyle St.

Vi 8873

Li 8228

2926 Baker.

11-9-90