

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

Do not use this space.

1. PLACE OF DEATH
 County..... Buchanan Registration District No. 85
 Township..... Primary Registration District No. 1001
 City..... St. Joseph (No. 1823 So. 9th. St.) St. 4662
 Ward) 183

2. FULL NAME John Blakley
 (a) Residence. No. 1823 So. 9th St., Ward. (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 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 Alice Blakley
~~Martha Alice Blakley~~

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 6, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
 66 6 10

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Retired Farmer 1
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Buchanan Co., Mo. 1
 (STATE OR COUNTRY)

10. NAME OF FATHER John Blakley

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Frankfort, Ky. 2
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Susan Cornelius

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Buchanan Co., Mo. 1
 (STATE OR COUNTRY)

14. INFORMANT John H. Blakley
 (Address) St. Joseph, Mo.

15. FILED FEB 18 1931 John R. Bender REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 16, 1931 19

I HEREBY CERTIFY, That I attended deceased from Feb 9 1931, to Feb 16 1931 that I last saw him alive on Feb 16 1931, and that death occurred, on the date stated above, at 1.30 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
 Pneumonia Lobar
 108
 (duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY) Not known
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH
 DID AN OPERATION PRECEDE DEATH? No. DATE OF
 WAS THERE AN AUTOPSY? No.
 WHAT TEST CONFIRMED DIAGNOSIS? Clin
 (Signed) M. S. Gray M. D.

7/9/1921 (Address) Kibberville Bldg. St. Joseph, 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 Blakley Cemetery DATE OF BURIAL Feb. 18, 19 31

20. UNDERTAKER W. A. Meinhoffer ADDRESS 1302 Faraon St.

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.

MAR 23 1931

