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

Do not use this space.

36637

1. PLACE OF DEATH
County Taney Co. Registration District No. 859 File No. 37
Township Branson, ~~Att~~ Primary Registration District No. 6128 Registered No.
City Branson (No. ..... St. ..... Ward)

2. FULL NAME May Viola Blakesley
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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 F Em
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 Chs. Blakesley
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 17-1858
7. AGE YEARS 73 MONTHS 7 DAYS X If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H.W.f.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paw Paw Mich

FATHER
13. NAME Edwin Cate
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y.

MOTHER
15. MAIDEN NAME Martha Fuller
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mich.

17. INFORMANT (ADDRESS) Chs. Blakesley Branson
18. BURIAL, CREMATION, OR REMOVAL
PLACE Anita O. DATE 19
19. UNDERTAKER (ADDRESS) Rowhelchet Branson Mo
20. FILED 10/18 1931 P.A. Thornhill Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 17, 1931
22. I HEREBY CERTIFY, That I attended deceased from May 2, 1931 to Oct 17, 1931
I last saw her alive on Oct 16, 1931. Death is said to have occurred on the date stated above, at 6.15a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Parenchymatous Nephritis	
820	
130	
102	

Other contributory causes of importance:
High Blood Pressure
Hemiplegia

Name of operation Man Date of Man
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Guy B. Mitchell, M. D.
(Address) Branson, Mo.

NOV 28 1931

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is ve... Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIA... ...ant.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County: Taney — Registration District No.: 859
Township: Branson — Primary Registration District No.: 6128
City: ..... (No. ....., ... St. ..... Ward)

File No.: .....
Registered No.: 97

2. FULL NAME: May Viola Blakesley

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: M. V. Blakesley.

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

7. AGE — YEARS | MONTHS | DAYS | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE ..... DATE 1/20 31

19. UNDERTAKER (ADDRESS)

20. FILED 10/18 1931 Pa Thornhill Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 17 1931

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
.....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) ....., M. D.
(Address) .....

SUPPLEMENTARY

SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

NOTE: 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.

S-36631