WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

FEB 24 1932

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

Do not use this space.

715

1. PLACE OF DEATH

39 County GREENE — Registration District No. 317 — File No.

Township — Primary Registration District No. 4192 — Registered No.

2 City REPUBLIC (No. , St. Ward)

6 2. FULL NAME GIDEON.P.BLADES

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
MALE	WHITE	WIDOW

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec.18 1851

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	80	0	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. RETIRED FARMER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. FARM

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) MISSOURI 1

FATHER

13. NAME ISAAC.BLADES

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DONT KNOW 31

MOTHER

15. MAIDEN NAME ANNA.HOOD

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSOURI 1

17. INFORMANT (ADDRESS) E. H. Blades

18. BURIAL, CREMATION, OR REMOVAL PLACE Wades Chapel DATE 1/4 1932

19. UNDERTAKER (ADDRESS) R. E. Thurman Republic Mo

20. FILED 1/4 1932 V. W. Shover Registrar.

MEDICAL CERTIFICATE OF DEATH

1

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 4 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 25 1931, to Jan. 3 1932

I last saw him alive on Jan. 3 1932 Death is said to have occurred on the date stated above, at 3 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
108 Fever Dec. 25	1931

Other contributory causes of importance:

108

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 (1)

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. S. French, M. D.

(Address) Republic Mo