

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

Do not use this space.

6089

**1. PLACE OF DEATH**

County \_\_\_\_\_  
Township \_\_\_\_\_  
City St. Louis Mo. (No. Deaconess Hospital)

Registration District No. 791  
Primary Registration District No. 1008

File No. \_\_\_\_\_  
Registered No. 1076  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence No. Johnston William Bleakley St. Hillsboro Mo. Ward 4

(If nonresident, give city or town and State) Hillsboro Mo. - R.R. 3

Length of residence in city or town where death occurred - yrs. - mos. 2 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) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Clara Elizabeth Bleakley  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) June - 30 - 1873  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
58      7      1

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

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

10. NAME OF FATHER Wm. Bleakley  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Missouri  
(STATE OR COUNTRY)  
12. MAIDEN NAME OF MOTHER Hardina Coleman  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Missouri  
(STATE OR COUNTRY)

14. INFORMANT Clara Elizabeth Bleakley  
(Address) Hillsboro Missouri

15. FILED FFD - 1 1933 W. C. Starck  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb - 1 - 1933  
17. I HEREBY CERTIFY, That I attended deceased from Jan 29<sup>th</sup> 1932 to Feb 1<sup>st</sup> 1933 and that I last saw ~~him~~ her alive on Jan 31<sup>st</sup> 1933 and that death occurred, on the date stated above, at 2:30 am m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
mesentary Thrombus  
Acute appendicitis  
CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds. 4 - ds.

18. WHERE WAS DISEASE CONTRACTED 1  
IF NOT AT PLACE OF DEATH \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH? yes DATE OF Jan 29<sup>th</sup> 1932  
WAS THERE AN AUTOPSY? yes  
WHAT TEST CONFIRMED DIAGNOSIS? autopsy  
(Signed) John D. Haywood M. D.

\*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.  
Feb 1 1932 (Address) Metropolis Todd St Louis

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Walhall Cemetery  
DATE OF BURIAL 2 - 4 - 1933

20. UNDERTAKER A. W. M. Laughlin  
ADDRESS 1631 Missouri

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.

RECORD THIS IS A PERMANENT RECORD

