

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

Do not use this space.

12028-A

1. PLACE OF DEATH

County Swain

Registration District No. 823

Township

Primary Registration District No. 4498

City Winn

(No.)

File No.

Registered No.

St.

Ward)

2. FULL NAME

Vernon G. Blakesmore

(a) Residence. No.

St.

Ward.

(Usual place of abode)

(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

m

4. COLOR OR RACE

w

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

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

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

Apr 16 - 1904

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

28

10

15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Bethel Me

(STATE OR COUNTRY)

m

10. NAME OF FATHER

G. W. Blakesmore

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

See

12. MAIDEN NAME OF MOTHER

May Steeley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

See

14.

INFORMANT

(Address)

G. W. Blakesmore

Winn Me

15.

FILED

3-2-1933 Mabel Bell

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Mar 1

1933

17.

I HEREBY CERTIFY, That I attended deceased from

19...., to

19....

that I last saw him alive on

19....

19....

death occurred, on the date stated above, at

1125 P

m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tuberculosis (Chronic)

2 3/4 Kidney Troubles

about

(duration)

3 yrs

mos.

ds.

CONTRIBUTORY (SECONDARY)

Country has provided care for him for past year

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH?

DATE OF

WAS THERE AN AUTOPSY?

No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

Mabel Bell

Mar. 19 33 (Address) Winn Me

*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

DATE OF BURIAL

Chilpepper, Tenn yard

Mar 2 1933

20. UNDERTAKER

ADDRESS

None

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5-12028