

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

Do not use this space.

**1. PLACE OF DEATH**

County Callaway  
Township McClellan  
City                      No.                     

Registration District No. 104  
Primary Registration District No. 5151

File No. 15883  
Registered No. 92  
St.                      Ward                     

**2. FULL NAME**

(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 X 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 Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 6, 1912

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, .....hrs. or .....min.
	<u>20</u>	<u>5</u>	<u>26</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Tracy Iowa

13. NAME Roy Blakley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

15. MAIDEN NAME Dorothy Hill

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

17. INFORMANT Mr. Roy Blakley  
(ADDRESS) McClellan, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hillcrest Cemetery DATE May 4, 1933

19. UNDERTAKER Geo. J. Wallace  
(ADDRESS) Fulton Mo

20. FILED May 3, 1933 R. N. Crews  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from at coroner & viewed the body, 1933, to                     , 1933.

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 12:15 p.m.

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

From history of  
head from contusions  
epileptic convulsion for  
last 4 days,  
Exhaustion

Other contributory causes of importance: 85

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? Yes

If so, specify (Signed) C. H. Christian, M. D.

(Address) Fulton Mo.

Coroner of Callaway Co. Mo.

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.

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

JUN 20 1933

MOTHER FATHER

