

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

Do not use this space.

28748

**1. PLACE OF DEATH**

10 County Boone Registration District No. 73  
3 Township ..... Primary Registration District No. 3006  
8 City Columbia (No. .... St. .... Ward)

File No. ....  
Registered No. 185  
St. .... Ward)

**2. FULL NAME**

(a) Residence No. 9th 3th 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 Female 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 1846

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
87

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper  
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) New Orleans

13. NAME Joseph Blakie

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Orleans

15. MAIDEN NAME Harriet Blakie

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Orleans

17. INFORMANT Sally Ellis  
(ADDRESS) 204 3th Columbia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Log Providence DATE 9-6 19 33

19. UNDERTAKER A. C. Freeman  
(ADDRESS) Columbia Mo

20. FILED 9/6/ 1933 Allie Selby  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 2 19 33

22. I HEREBY CERTIFY, That I attended deceased from Saw her only one time  
I last saw her alive on Aug 26, 1933 Death is said to have occurred on the date stated above, at 2:30 P.m.

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

Nephritis  
supposed to be chronic  
131

Other contributory causes of importance: 131

Name of operation History of Case Date of .....  
What test confirmed diagnosis and symptoms 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? .....

If so, specify .....

(Signed) W. C. Harris, M. D.

(Address) Columbia Mo

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.

OCT 20 1933

2  
2  
2  
2

21

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Handwritten text, possibly a signature or name, located in the lower left quadrant.

Handwritten text, possibly a signature or name, located in the center of the page.

Handwritten text, possibly a signature or name, located in the upper right quadrant.