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.

NOV 10

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

Do not use this space.

33314

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1002
City Kansas City (No. 2821 Holmes St. 4251 Ward)

File No.
Registered No.

2. FULL NAME Henry Blakesley
(a) Residence, No. 2821 Holmes 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): No information
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: No information
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feby. 24, 1850
7. AGE: YEARS 83 — MONTHS 8 — DAYS 5 — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stockman
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): Illinois

FATHER
13. NAME: No information
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No information

MOTHER
15. MAIDEN NAME: No information
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No information

17. INFORMANT (ADDRESS): J. H. Fritz 2821 Holmes
18. ~~BURIAL, CREMATION, OR~~ REMOVAL
PLACE Elmwood, Ill. DATE Oct. 30, 1933
19. UNDERTAKER (ADDRESS): Stine & McClure 3235 Gillham Plaza
20. FILED 10-29, 1933 M. M. Crowe asst Registrar.

## 2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): October 29, 1930
22. I HEREBY CERTIFY, That I attended deceased from ....., 1924 to Oct 29, 1933
I last saw him alive on Oct 29, 1933 Death is said to have occurred on the date stated above, at 10:20 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia (hypostatic) | |
| 97 | |
| 111 B | |

Other contributory causes of importance: arteriosclerosis

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? .....
If so, specify .....
(Signed) J. R. Hall, M. D.
(Address) 626 Lathrop Bldg.