

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

Do not use this space.

16615

1. PLACE OF DEATH

County Jackson

Registration District No. 399

File No.

Township Kaw

Primary Registration District No. 1000

Registered No.

City Kansas City

(No. 3212 Brooklyn)

St. Ward)

2. FULL NAME

Charles W. Blakeley

(a) Residence, No. 3212 Brooklyn Ave. 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) MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 22, 187D

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 8 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night Agent Pullman

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) Devitt Missouri

13. NAME Louis Blakeley

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

15. MAIDEN NAME Mary Scott

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

17. INFORMANT (ADDRESS) Mrs. Leona Blakeley 3212 Brooklyn Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Carrollton, Mo DATE May 6, 1934

19. UNDERTAKER (ADDRESS) Stevens Mfg. Co. 2235 Millchance Plaza

20. FILED 5-3 1934 M. M. Moore Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 12, 1934 to May 1, 1934

I last saw him alive on May 1, 1934 Death is said to have occurred on the date stated above, at 7:16 P.M.

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

Brain Abscess
815
82B
TSA
Other contributory causes of importance:
mastoiditis and sigmoid sinus thrombosis

Name of operation mastoidectomy Date of
What test confirmed diagnosis? autopsy Was there an autopsy? Yes

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? No
If so, specify Yes (Signed) Earl S. Bennett M. D.
(Address) 608 Commerce Trust Bldg

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.

JUN 19 1934

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