

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

Do not use this space.

23230

1. PLACE OF DEATH

County Boone
Township Briston
City Sturgess (No. _____)

Registration District No. 79
Primary Registration District No. 4047

File No. 26
Registered No. _____
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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF Dr. E. N. Hentry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 29 1869

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>65</u>	<u>2</u>	<u>21</u>	

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) Harristburg (STATE OR COUNTRY) Boone Co. Mo

13. NAME W. E. Blakemore

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

15. MAIDEN NAME Nancy Jane Doyle

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

17. INFORMANT Mary Biggs (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Paris DATE July 21 1934

19. UNDERTAKER Barnes & Booth (ADDRESS) Sturgess, Mo.

20. FILED July 21 1934 E. N. Gentry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20 1934

22. I HEREBY CERTIFY, that I attended deceased from July 17 1934 to July 20 1934
I last saw him alive on July 20 1934 Death is said to have occurred on the date stated above, at 12- m.

The principal cause of death and related causes of importance were as follows:
Myocardial Insufficiency Date of onset 10-1-33
92A

Other contributory causes of importance: 92A

23. Name of operation _____ Date of _____
What test confirmed diagnosis? Steth 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 _____
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) W. E. Blakemore M. D.
(Address) Sturgess

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.

FILE 918 1934

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