SEP 21 1934

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

Do not use this space.

L

File No. 29135

Registered No. 260

1. PLACE OF DEATH
County Jackson — Registration District No. 398
Township — Primary Registration District No. 1319
City Independence (No. Indep. Sanitarium St. Ward)

2. FULL NAME Hazel P. Blakley
(a) Residence, No. 246 North Home 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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| Female | White | Married |

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jerrold Blakley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 15 - 1912

| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 22 | 6 | 23 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
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) Zazah Kansas

FATHER
13. NAME Edward H. Lynn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Zazah Kansas

MOTHER
15. MAIDEN NAME Bessie McElwee
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brownington Missouri

17. INFORMANT (ADDRESS) Jerrold Blakley 246 North Home

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Moriah Cem DATE Aug 10 1934

19. UNDERTAKER (ADDRESS) Geo. E. Carson 101 North Pleasant

20. FILED Aug 9 1934 F. L. Cook Registrar.

## 2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 8 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to Aug 8 -, 1934
I last saw h. alive on Aug 8 -, 1934. Death is said to have occurred on the date stated above, at 1:45 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1. Tbc Mesenterica - | Oct - 1933 |
| 2. Tuberculous meningitis - | 7-14-34 |
| 3. | |
| 4. | |

Other contributory causes of importance:

Name of operation none — 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
(Signed) R. J. Gardner, M. D.
(Address) Independence 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 PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD