

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

Do not use this space.

OCT 15 1934

1. PLACE OF DEATH

County Missouri
Township Princeton
City Princeton (No.)

Registration District No. 556
Primary Registration District No. 4328

File No. 33426
Registered No. 40
St. Ward

2. FULL NAME

Ira Thomas Blahely
(a) Residence. No. St. Ward
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 26 1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 3 15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Merchant
(b) General nature of industry, business, or establishment in which employed (or employer) Blair Farmer
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Harris
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Joel Blahely

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kennett
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Elizabeth McKay

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Lemmer
(STATE OR COUNTRY)

14. INFORMANT Mrs Minnie Blahely
(Address) Princeton Mo

15. Taken from all books
FILED 9-11, 1934 J. M. Rely REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 14 1934

17. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 , that I last saw him alive on , 19 , and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Suicide by jumping from window of Hullsboro Hotel. To passing. No attending physician. His head striking pavement & fracturing skull - jumped about 30 ft.

CONTRIBUTORY (SECONDARY) 1109 169 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? Yes
Coroner inspected body
WHAT TEST CONFIRMED DIAGNOSIS

(Signed) H. E. E. Worth (Coroner) 9/11 1934 (Address) Princeton Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Harris Cemetery DATE OF BURIAL 9-12 1934

20. UNDERTAKER Martin Funeral Home ADDRESS Princeton

K. 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.

