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

JAN 18 1935

Do not use this space.

File No. 43759

Registered No.

1. PLACE OF DEATH
County Monroe
Township
City Paris (No. , St. Ward)

Registration District No. 582
Primary Registration District No. 4344

2. FULL NAME Angus Ruckey Blakey

(a) Residence, No. Paris Mo St., Ward.
(Usual place of abode) about (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 50 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cora C. Blakey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 3, 1855

7. AGE: Years 79 Months 7 Days 2 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Retail Grocery
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 24

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co., Mo.

FATHER
13. NAME Marcus D. Blakey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

MOTHER
15. MAIDEN NAME Julia Buckney
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

17. INFORMANT A. L. Blakey (ADDRESS) Paris, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Walnut Grove DATE Dec. 6th 1934

19. UNDERTAKER Speed & Blakey (ADDRESS) Paris, Mo.

20. FILED 12/5 1934 H. C. Rayse Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 5 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1934 to Dec 5, 1934
I last saw h. ~~in~~ alive on Dec 4, 1934 Death is said to have occurred on the date stated above, at 3:20 A.m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset N.K.
986

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

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) M. C. McMurry, M. D.
(Address) Paris, 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.