

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.

DEC 13 1935

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

Do not use this space.

31727

1. PLACE OF DEATH
 County Adair Registration District No. 4
 Township Irksville Primary Registration District No. 3001
 City Irksville (No. _____) St. _____ Ward _____

2. FULL NAME Clarence Alba Blocker

(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) M.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Florence Blocker

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 4-1871

7. AGE YEARS 64 MONTHS 4 DAYS 23 If LESS than 1 day, _____ hrs. or _____ min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. worker

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) Rushville

13. NAME John Blocker

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

15. MAIDEN NAME Dorcas Hayden

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

17. INFORMANT Mary Louisa Bilsborough
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Park DATE Oct. 29

19. UNDERTAKER Sumner Sons
(ADDRESS) Irksville Mo

20. FILED Oct 29 1935 Spencer Treanor
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1935, to Oct 29, 1935.
 I last saw him alive on Oct 27, 1935. Death is said to have occurred on the date stated above, at 2 P.M.
 The principal cause of death and related causes of importance were as follows:

Periculous Malasia
Comatose type
Acute atubercular infection

Date of onset 7/14/35
10/19/35

Other contributory causes of importance:
AS

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) J. J. Kemp, M. D.
 (Address) P. O. # Patterson
Irksville, Mo.

