

JUL 17 1936

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

22202

## 1. PLACE OF DEATH

County CamdenRegistration District No. 117Township 2 N 1 EPrimary Registration District No. 5167City Beverly Beach (No.     )File No. 20Registered No.     St.     Ward)     2. FULL NAME Forrest Robert Blaylock(a) Residence, No. 4207 E 15th StSt.     Ward. Tanner City, Mo

(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

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dorothy Devors Blaylock6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2 June 30 - 1902

7. AGE

YEARS 33MONTHS 11DAYS 21If LESS than 1 day,      hrs. or      min.

OCCUPATION

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

interior decorator

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) (STATE OR COUNTRY)

St Joseph Mo

FATHER

13. NAME

Sam Blaylock

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

    

MOTHER

15. MAIDEN NAME

Audrey Cogdell

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

    

17. INFORMANT (ADDRESS)

Dorothy Devors Blaylock Kansas City Mo, 4207 E 15th St

18. BURIAL, CREMATION, OR REMOVAL

PLACE

North Cem

DATE

June 24 1936

19. UNDERTAKER (ADDRESS)

Ubbie Bankson Woolery Camden Mo

20. FILED

July 10 1936Lizzie L Miller

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 21 193622. I HEREBY CERTIFY, That I attended deceased from June 23 1936 to 4 PM, 1936I last saw him alive on     , 1936

Death is said

to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

Accidental Drowning  
in Lake of the Ozarks  
about 1 mi from Osage Beach  
near Straly point  
Body went down in frame

Other contributory causes of importance:

Witnesses June 21-36 - about 11 am  
Body floated near fence  
going down June 23-36 at 4 PM

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, 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 History of some satisfaction

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Ubbie Bankson Woolery

(Address)

Camden MoCounty Co. cover

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.

THIS IS A PERMANENT RECORD

MAR 7 1946

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.

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

Do not use this space.

## 1. PLACE OF DEATH

County Candlen  
Township Osage  
City Osage (No. 117)

Registration District No. 3167  
Primary Registration District No. 3167

File No.                       
Registered No.                       
St.                      Ward                     

## 2. FULL NAME

Forest Robert Blaylock

(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

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

7. AGE YEARS 33 MONTHS 11 DAYS 21 If LESS than 1 day,                      hr. or                      min.

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

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) (STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE                      DATE                      19

19. UNDERTAKER (ADDRESS)

20. FILED July 10, 1976 Lozzie Heller Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)                     , 19                     

22. I HEREBY CERTIFY, That I attended deceased from                     , 19                     , to                     , 19                     

I last saw him alive on                     , 19                     . Death is said

to have occurred on the date stated above, at                      m.

The principal cause of death and related causes of importance were as follows:

accidental drowning  
in lake of the Osage

yes he & his wife  
were out in a boat

Other contributory causes of importance:  
seems like he had blown  
off & dived in to get  
it & drowned

Name of operation                      Date of                     

What test confirmed diagnosis?                      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                     , 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?                     

If so, specify                     

(Signed) Abbie Barton Moulton, M. D.

(Address) Candenton  
Co. coroner

5-22202