

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

Do not use this space.

22648

JUL 21 1936

1. PLACE OF DEATH

County Henry  
Township Clinton  
City Clinton (No. \_\_\_\_\_)

Registration District No. 347  
Primary Registration District No. 3018

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Mary D. Blakney  
(a) Residence, No. South 4th 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<br><u>Female</u>  | 4. COLOR OR RACE<br><u>White</u>  | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Single</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><u>Single</u>        |   |  |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>2-1-1857</u>                              |   |  |
| 7. AGE   | YEARS<br><u>85</u>  | MONTHS<br><u>4</u>   |
|  | DAYS<br><u>13</u>   | If LESS than 1 day, _____ hrs. or _____ min.                               |
| OCCUPATION   | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><u>Dependent</u> |  |
|  | 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)<br><u>Harlan Iowa</u>               |   |  |
| MOTHER FATHER  | 13. NAME <u>James Wm. Blakney</u>   |  |
|  | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Kentucky</u>   |  |
|  | 15. MAIDEN NAME <u>Eizabeth Brown</u>   |  |
|  | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Illinois</u>   |  |
| 17. INFORMANT (ADDRESS)<br><u>Marcel Whitworth Clinton, Mo.</u>                      |   |  |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE<br><u>St. Michaels Cemetery DATE 6-16-36</u> |   |  |
| 19. UNDERTAKER (ADDRESS)<br><u>Humphreys Clinton, Mo.</u>                            |   |  |
| 20. FILED <u>6-16</u> 19 <u>36</u> <u>J. R. Hampton</u> Registrar.                   |   |  |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/14 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1 1936, to June 14, 1936.  
I last saw her alive on June 14, 1936. Death is said to have occurred on the date stated above, at 9:00 a.m.  
The principal cause of death and related causes of importance were as follows:  
Cancer of Stomach

Other contributory causes of importance: W

Name of operation Stomach, Date of \_\_\_\_\_  
What test confirmed diagnosis? Autopsy 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? No  
If so, specify \_\_\_\_\_  
(Signed) J. W. Molyneux, M. D.  
(Address) Clinton Mo

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.

