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.

AUG 15 1936

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

Do not use this space.

25431

1. PLACE OF DEATH
County Barry — Registration District No. 30 — File No.
Township — Primary Registration District No. 3003 — Registered No. 35
City Monett (No. St. Ward)

2. FULL NAME Fred Lafayette Blakeslee
(a) Residence, No. 1006 Roosevelt St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 2 1898
7. AGE Years 37 Months 7 Days 28 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) Monett Missouri

FATHER
13. NAME David Cook Blakeslee
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Erie Co Pa.

MOTHER
15. MAIDEN NAME Nora N. Counts
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co. Ark

17. INFORMANT (ADDRESS) Miss Blanche Blakeslee Monett Mo
18. BURIAL, CREMATION, OR REMOVAL: PLACE Whittier, Calif DATE 8-4- 1936
19. UNDERTAKER (ADDRESS) Callaway Monett Mo
20. FILED 8-1- 1936 W. M. West Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30, 1936
22. I HEREBY CERTIFY That I attended deceased from April 19, 1936, to July 30, 1936
I last saw him alive on July 30 1936. Death is said to have occurred on the date stated above, at 12:15 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary T.B.	1936

Other contributory causes of importance:

23

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? No
If so, specify .....
(Signed) Ernest Mitchell, M. D.
(Address) Monett Mo