

**MISSOURI STATEBOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

30394

**1. PLACE OF DEATH**

County Dade  
Township South Morgan  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 235  
Primary Registration District No. 5320

File No. \_\_\_\_\_  
Registered No. 17  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Kenneth Elwin Blakemore

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

Male

**4. COLOR OR RACE**

White

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

Single

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**

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

11-21-1929

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8

9

2

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

(c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN)**

Dade Co Mo

(STATE OR COUNTRY)

**10. NAME OF FATHER**

Lee Blakemore

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Dade Co Mo

**12. MAIDEN NAME OF MOTHER**

Marion Morgan

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Dade Co Mo

PARENTS

**14.**

INFORMANT  
(Address)

Lee Blakemore  
Volunt Grove Mo

**15.**

Aug. 24, 1936 Morris Miller  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

Aug 23 1936

**17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ to \_\_\_\_\_, 1936.**

10 PM, Aug 23, to Aug 23, 1936.  
that I last saw him alive on Aug 23, 1936, and that death occurred, on the date stated above, at 10 a. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Acute Indigestion

**CONTRIBUTORY (SECONDARY)**

Intestinal Influx  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 1/2 da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH, \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No

**WHAT TEST CONFIRMED DIAGNOSIS?**

(Signed) B B Kirby M. D.

, 19 (Address) Dadeville Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

**DATE OF BURIAL**

Wasson's Linn

Aug 24 1936

**20. UNDERTAKER**

**ADDRESS**

W. L. M. M. M.

Dadeville 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.

