NOV 27 1936

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

Do not use this space.

37341

1. PLACE OF DEATH

County GREENE — Registration District No. 317 — File No.

Township POND-CREEK — Primary Registration District No. 5437 — Registered No.

City (No. , St. Ward)

2. FULL NAME CLARENCE Arthur BLADES

(a) Residence, No. 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: 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) May 26 1935

7. AGE — YEARS: one — MONTHS: 4 — DAYS: 25 — If LESS than 1 day, hrs. or min.

OCCUPATION

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) MISOURI

FATHER

13. NAME BURREL BLADES

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

MOTHER

15. MAIDEN NAME MARTHA ELLEN PARISH

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

17. INFORMANT (ADDRESS) SHERLEY MOONEYHAM REPUBLIC MO.

18. BURIAL, CREMATION, OR REMOVAL

PLACE WADES CHAPEL DATE OCT. 22 1936

19. UNDERTAKER (ADDRESS) R.E. THURMAN CO.

20. FILED OCT 22 1936 Mrs Bertha Nance Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 20. 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 20, 1936, to Oct. 20, 1936

I last saw him alive on Oct 20, 1936 Death is said to have occurred on the date stated above, at 3:00 P.m.

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

Date of onset

Drowned

In stock tank

Other contributory causes of importance:

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) R. E. Mitchell Dr. M.D.

(Address) Republic 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.