

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

Do not use this space.

40251

DEC 18 1936

1. PLACE OF DEATH

County Andrew Registration District No. 10
 Township Monroe Primary Registration District No. 50.13
 City (No. 2 1/2 Mi. so. east of Helena, Mo.) St. _____ Ward _____

File No. _____
 Registered No. 12

2. FULL NAME

George W. Blakley

(a) Residence, No. Andrew Co. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 7, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
78 10 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.
 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) Buchanan Co., Mo.

13. NAME John Blakley

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

15. MAIDEN NAME Susan Cornelius

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

17. INFORMANT Mrs. F. I. Teaford
 (ADDRESS) Helena, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethel Cemetery DATE Nov. 29, 1936

19. UNDERTAKER Walter Meierhoffer
 (ADDRESS) 1302 Parson St. St. Joseph, Mo.

20. FILED 11-30 1936 J. C. Bledsoe
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 27, 1936 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1 - 27 - 1936

I last saw him alive on Nov. 26, 1936 Death is said to have occurred on the date stated above, at 4.40 m. A.M.

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

Myocardial failure Date of onset ?

Other contributory causes of importance: No
Causes of Rectum ?

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? No

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) Dr. J. H. Nichols M.D.
 (Address) Helena, Missouri.

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.

