

JAN 25 1937

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

Do not use this space.

45936

1. PLACE OF DEATH

County Greene

Registration District No. 757

Township Thomas

Primary Registration District No. 5990

City Waverly Mo. (No. _____)

File No. 34

Registered No. 1329

St. _____ Ward _____

2. FULL NAME

Eli Blackley

(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.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

W.

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

married

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

Mary Blackley

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

June 25 1862

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

74

5

27

OCCUPATION

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)

Ark.

FATHER

13. NAME

unknown

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

unknown

MOTHER

15. MAIDEN NAME

unknown

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

unknown

17. INFORMANT

(ADDRESS)

John Strong

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

12/23

1936

19. UNDERTAKER

(ADDRESS)

Minnie Bish

20. FILED

12/23

1936

Dec 23

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Dec 22 1936

22. I HEREBY CERTIFY, That I attended deceased from

Dec 18 1936 to Dec 22 1936

I last saw him alive on Dec 18 1936 Death is said

to have occurred on the date stated above, at 10 a. m.

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

Laber pneumonia

Date of onset

12/15

Other contributory causes of importance:

Senility

Name of operation

none

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)

Dec 23

(Address)

Waverly Mo.

