

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

Do not use this space.

JUN 28 1937

21139

1. PLACE OF DEATH

County Repley
Township Washington
City _____ (No. _____)

Registration District No. 754
Primary Registration District No. 5995

File No. 46
Registered No. 1341
St. _____ Ward _____

2. FULL NAME

(a) Residence No. Jasper Logan Bleakley St. _____ Ward _____
(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. da.

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 Flora Bleakley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 7, 1864

7. AGE YEARS 73 MONTHS 0 DAYS 29 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Former

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) White Co. Ill.

13. NAME Matthew Bleakley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Uniontown Pa.

15. MAIDEN NAME Katherine Kitter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Uniontown Pa.

17. INFORMANT (ADDRESS) Mr. J. G. Bleakley

18. BURIAL, CREMATION, OR REMOVAL PLACE Uniontown Pa. DATE May 8 1937

19. UNDERTAKER (ADDRESS) Minnie Lisk

20. FILED 5/10 1937 W. C. Bleakley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6 1937

22. I HEREBY CERTIFY, That I attended deceased from May 1 1937, to May 6 1937

I last saw deceased alive on May 4 1937. Death is said

to have occurred on the date stated above, at 8:00 A.M.

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

mechanical acute gangrene due to emphysema obliterating blood supply in right leg

Other contributory causes of importance: chronic nephritis with hypertension

Name of operation none Date of _____

What test confirmed diagnosis? chest 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) W. C. Bleakley M. D.

(Address) Uniontown Pa.

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.

