

AUG 24 1937

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

Do not use this space.

27508

1. PLACE OF DEATH

County Jasper Registration District No. 411
Township 1 Primary Registration District No. 2002
City Joplin (No. 609 Central) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Susan M. Blakely Ward. _____
(Usual place of abode) 609 Central

Length of residence in city or town where death occurred 60 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widow

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF G. C. Blakely

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 24, 1882
7. AGE YEARS 55 MONTHS 9 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wif
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) Frankland Co Mo.

MOTHER 13. NAME J. K. Weader

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

15. MOTHER'S NAME Elizabeth Toombs

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT (ADDRESS) Ruth Blakely

18. BURIAL, CREMATION, OR REMOVAL Joplin DATE 7-25-37

19. UNDERTAKER (ADDRESS) Hunter and Co

20. FILED 7-28 1937 Joplin Mo Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jul 26, 37

22. I HEREBY CERTIFY That I attended deceased from June 29, 1937, to July 21, 1937
I last saw h. c. w. alive on July 21, 1937. Death is said to have occurred on the date stated above, at 5:30 AM.
The principal cause of death and related causes of importance were as follows:

Pulmonary edema

Date of onset

Other contributory causes of importance: Cancer of urinary bladder

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? no
If so, specify _____

(Signed) Paul W. Walker, M. D.
(Address) Joplin 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.

