

DEC 28 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

42621

1. PLACE OF DEATH

County Shelby
 Township Salt River
 City Shelbina (No.)

Registration District No. 830
 Primary Registration District No. 4503

File No.
 Registered No. 45
 St. Ward

2. FULL NAME

Florence Mauida Blakey

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 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 John D Blakey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 22 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
35 67 — 18

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

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) Emerson mo
 (STATE OR COUNTRY)

13. NAME Thomas A Miller

14. BIRTHPLACE (CITY OR TOWN) Emerson Missouri
 (STATE OR COUNTRY)

15. MAIDEN NAME Susan R. Bowles

16. BIRTHPLACE (CITY OR TOWN) Palmyra mo
 (STATE OR COUNTRY)

17. INFORMANT Alice M. Gordon
 (ADDRESS) Shelbina mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Emerson mo DATE Nov 11 1937

19. UNDERTAKER Stayer
 (ADDRESS) Shelbina mo

20. FILED Nov 11 1937 Ruth Jayner
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 10 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 24, 1937, to Nov. 10, 1937

I last saw him alive on Nov. 10, 1937. Death is said

to have occurred on the date stated above, at 3 P. m.

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

Myocarditis

Other contributory causes of importance:

Cancer of Stomach

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

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) R. L. Caldwell M. D.

(Address) Shelbina mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

