

RECD SEP 23 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

29351
Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence Registration District No. 470
 (b) Township Mt. Vernon Primary Registration District No. 5633 Registered No. 98
 (c) City Mt. Vernon Mo. (d) Street No. Mo. State Sanatorium St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 3 mos. 29 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Arthur W Blakely Princeton Mo. St. Princeton, Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city of town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 18 1938

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

22. I HEREBY CERTIFY, That I attended deceased from 7-19 1938, to 8-18 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 27 1898

I last saw him alive on 8-18 1938. Death is said to have occurred on the date stated above, at 4:30 p.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 40 5 19 21

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Mechanic, auto
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

Pulmonary Tuberculosis
TAC
Date of onset April 1937

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Princeton Mo.

Other contributory causes of importance:

FATHER 13. NAME Clarence Wood Blakely

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mercer Co Mo

Name of operation Chinid Date of

MOTHER 15. MAIDEN NAME Minnie Covey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mercer Co Mo

What test confirmed diagnosis? Chinid Was there an autopsy?

17. INFORMANT (ADDRESS) Lead clerk.

18. BURIAL, CREMATION, OR REMOVAL PLACE Princeton DATE Aug 20 1938

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mail mess Princeton Mo 421

20. FILED Aug 19 1938 W. A. Palmer Local Registrar.

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? If so, specify

(Signed) W. A. Palmer M. D. Address Mo. State San. Mt Vernon, Mo.

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

RECEIVED

District Health Officer No. 6,

District File Number 6-38-143

Date Filed 9-20-38

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.