

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

31257
 Do not use this space.

REC'D OCT 15 1938

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Raw Primary Registration District No. 1002
 (c) City Kansas City (d) Street No. 2405 E. 23rd 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 21 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 3554

2. PRINT FULL NAME

William Blakely
 (a) Residence, No. 2405 E. 23rd St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-7-1938

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 6 1938 to Sept 7 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 8, 1880

I last saw him alive on Sept 7, 1938 Death is said to have occurred on the date stated above, at 1230
 The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia

7. AGE YEARS 58 MONTHS 6 DAYS 29 If LESS than 1 day, hrs. or min.

Date of onset Sept 5

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

108

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) S. Car.

Other contributory causes of importance: Asthma Bronchitis

FATHER 13. NAME Eural Blakely

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) S. Car.

MOTHER 15. MAIDEN NAME Elizabeth Fuller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) S. Car.

17. INFORMANT (ADDRESS) I da Blakely 2405 E. 23rd

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge DATE 9-10-1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Adkins Bros. 2000 E. 12th

20. FILED Sept 11, 1938 M. M. Snow Local Registrar.

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?
 If so, specify (Signed) A. J. Miller, M. D.
 (Address) 1203 Park St

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

Edw G Evans

Licensed Embalmer No. *3836*

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.