

REC'D SEP 13 1939

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

30117

Do not use this space.

## 1. PLACE OF DEATH

(a) County St. Francois Registration District No. 773  
(b) Township St. Francois Primary Registration District No. 6018A  
(c) City Near Farmington or (d) Street No. State Hospital No. 4 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  yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

## 2. PRINT FULL NAME

Rebecca Blakemore

(a) Residence, No. Winona, Mo. 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

3. SEX Female 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 BLAKEMORE Geo. W. Blakemore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 13, 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
70 7 15

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

12. BIRTHPLACE (CITY OR TOWN) Davis County, Missouri.  
(STATE OR COUNTRY)

FATHER 13. NAME Joseph Hart

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Records of State Hospt. #4  
(ADDRESS) Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Winona, Mo. DATE August 29, 1939

19. FUNERAL DIRECTOR (NAME) None. Family.  
(ADDRESS) Winona

20. FILED Aug 28 1939 W. J. Robinson Local Registrar. (Address) Farmington, Mo.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-28-1939

22. I HEREBY CERTIFY, That I attended deceased from 3-9, 1938, to 8-28, 1939

I last saw her alive on 8-28, 1939. Death is said to have occurred on the date stated above, at 11:55 m. P.M.  
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhages last 8/26/38 Date of onset  
Arteriosclerosis, generalized & marked ?  
12 C

Other contributory causes of importance:

Chronic Myocarditis ?  
Bronchopneumonia, terminal 8/27/38  
Psychosis with Cerebral Arteriosclerosis 9/2/37

Name of operation None 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 \_\_\_\_\_, 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) W. J. Robinson, M. D.

**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 George W. B. [Signature]

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.**