

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.

APR 23 1940

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

Do not use this space.

12641

1. PLACE OF DEATH
 County Stone Registration District No. 843
 Township Washington Primary Registration District No. 4513
 City Galena (No. 2) St. _____ Ward _____

2. FULL NAME Willis Edward Blades
 (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. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>m</u>	4. COLOR OR RACE <u>wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jinnie Blades</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 23 1870</u>		
7. AGE <u>70</u> YEARS	MONTHS	DAYS
		<u>8</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Home Trades</u>		11. Total time (years) spent in this occupation
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)		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greene Co

FATHER
 13. NAME William Blades
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER
 15. MAIDEN NAME unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) arkansas

17. INFORMANT Att. Mc Davel
 (ADDRESS) Galena Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Wrights Chapel DATE March 31 1940

19. UNDERTAKER Everett J. Cheatham
 (ADDRESS) Galena Mo

20. FILED Apr 1 1940 Nellie Ironby
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 31 1940

22. I HEREBY CERTIFY, That I attended deceased from March 1 1940, to March 31 1940
 I last saw him alive on March 30 1940. Death is said to have occurred on the date stated above, at 8 a. m.
 The principal cause of death and related causes of importance were as follows:
apoplexy
hypertension
 Other contributory causes of importance:
arteriosclerosis

Name of operation _____ Date of _____
 What test confirmed diagnosis? gross 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) W. E. Ironby M. D.
 (Address) Galena Mo

RECEIVED

District Health Officer No. 6,

District File Number

4110-1080

Date Filed

APR 1 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12641

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 843

Primary Registration District No. 4513

Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH

(a) County Stone

(b) City or town Galena
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____ (Specify whether)

years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Stone

(c) City or town Galena
(If outside city or town limits write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Wm Edw. Blades

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

20. DATE OF DEATH Month Feb day 31
year 1940 hour _____ minute _____ M.

4. Sex m 5. Color or race wh

6. (a) Single, widowed, married, divorced wid

6. (c) Age of husband, or wife, if alive _____ year

7. Birth date of deceased. (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____

that I last saw h_____ alive on _____ 19____

and that death occurred on the date and hour stated above.

Immediate cause of death _____

8. AGE: Years Months Days If less than one day

70 - 8 hr. min.

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace Greene Co. (City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) Apr 1, 1940 (b) Nellie Ironley (Registrar's signature)

(Date received local registrar)

23. Signature JH Young (M. D. or other)

Address Galena Mo Date signed _____

SUPPLEMENTAL

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

1940

S-12641