

APR 11 1945

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

10864  
Do not use this space.

1. PLACE OF DEATH

(a) County Iron Registration District No. 391  
 (b) Township Armadia Primary Registration District No. 5546a Registered No. 24  
 (c) City \_\_\_\_\_ (d) Street No. Home for Aged Baptist  
 (e) Length of residence in city or town where death occurred 8 yrs. 2 mos. 26 ds. (f) How long in U.S., if of foreign birth? yrs. mos. 4

2. PRINT FULL NAME Mrs. Dena G. Bleakley

(a) Residence, No. Home for Aged Baptist, Ironton, Mo. St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF H. B. Bleakley  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 19, 1845  
 7. AGE YEARS 95 MONTHS 7 DAYS 17 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
 9. Industry or business in which work was done, as saw mill, bank, etc. House wife  
 10. Date deceased last worked at this occupation (month and year) until she was too old 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Co, Mo, D

13. NAME Wm H. Coleman

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

15. MAIDEN NAME Barbara C. Goodwin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lexington, Kentucky

17. INFORMANT (ADDRESS) Dr. B. Ramsey Ironton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Armadia DATE March 9, 1945

19. FUNERAL DIRECTOR Thomas White Jones (ADDRESS) Armadia Ironton, Mo.

20. FILED Mar 10, 1945 Julia A. Huston Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/8 1945

22. I HEREBY CERTIFY, That I attended deceased from 3/1, 1945, to 3/8, 1945. I last saw him alive on 3/5, 1945. Death is said to have occurred on the date stated above, at 11:55 a.m. The principal cause of death and related causes of importance were as follows:

acute Broncho Pneumonia (influenza) Date of onset 3/4/45

Other contributory causes of importance: chronic arthritis rheumaty

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? chest 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? no  
 If so, specify R. E. Harland (Signed) \_\_\_\_\_ M. D.  
Ironton, Mo (Address)

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.

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

**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.)**