

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

Do not use this space.

39379

1. PLACE OF DEATH **JAN 16 1936**

County Henry Co Mo Registration District No. 352
Township Deepwater Primary Registration District No. 5493
City (No.) St. (Ward)

File No. _____
Registered No. 20

2. FULL NAME Clara P Blakley

(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. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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-OR (OR) WIFE OF Wm F Blakley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep 17 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 3 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Bay Co Missouri
(STATE OR COUNTRY)

MOTHER 13. NAME Nelson Dishman
14. BIRTHPLACE (CITY OR TOWN) Virginia
(STATE OR COUNTRY)

15. MAIDEN NAME Mary Debaugh
16. BIRTHPLACE (CITY OR TOWN) Kentucky
(STATE OR COUNTRY)

17. INFORMANT Wm F Blakley
(ADDRESS) Montross Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Montross Mo DATE Dec 31 35

19. UNDERTAKER Frank Hemmeltz
(ADDRESS) Montross Mo

20. FILED Dec 31 1935 M Miller
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 30 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 29 1935 to Dec 29 1935
I last saw h. u. alive on Dec 29 1935 Death is said to have occurred on the date stated above, at 1 A m.
The principal cause of death and related causes of importance were as follows:

Addison disease Date of onset

Other contributory causes of importance:

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? NO
If so, specify _____
(Signed) W. H. Harrison, M. D.
(Address) Appleton Mo

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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