

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

Do not use this space.

5586

MAR 19 1936

1. PLACE OF DEATH

County Henry
 Township Clinton
 City Clinton (No. _____)

Registration District No. 347
 Primary Registration District No. 3018

File No. _____
 Registered No. _____ St. _____ Ward _____

2. FULL NAME

James N. Blakemore
 (a) Residence, No. 601 E Green 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 M 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-4 1936

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ida E. Blakemore

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 13 1862

I last saw h _____ alive on _____, 19____

7. AGE YEARS 74 MONTHS 0 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.

to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Implement Dealer
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Died when I arrived (had complained only days of pain in chest & chest left arm)

Date of onset _____

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry Co Mo

Name of operation _____ Date of _____

13. NAME Geo H Blakemore

What test confirmed diagnosis? _____ Was there an autopsy? _____

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

15. MAIDEN NAME Matilda Ragland

Where did injury occur? _____ (Specify city or town, county, and State)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris Mo

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) Mr Bird Byler
Clinton Mo

Manner of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE 2/6 1936

Nature of injury _____

19. UNDERTAKER (ADDRESS) Consolidated
Clinton Mo

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

20. FILED 2-8 1936 J. N. Hampton Registrar.

(Signed) J. N. Hampton, M. D.

(Address) Clinton 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.

