

REC'D SEP 20 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

28723

Do not use this space.

1. PLACE OF DEATH

(a) County Callaway
 (b) Township Fulton
 (c) City Fulton

Registration District No. 104Primary Registration District No. 3008Registered No. 227(d) Street No. State Hosp #1

(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. 3 mos 12 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 425 Arthur Johnson Blakeman

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

W

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

Anna L. Blakeman

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

Feb 19, 1860

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

79

79

5

29

OCCUPATION

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.

10. Date deceased last worked at this occupation (month and year)

Retired Merchant

11. Total time (years) spent in this occupation

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

Conn

FATHER

13. NAME

Wheeler Blakeman

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

Conn

MOTHER

15. MAIDEN NAME

Anna Johnson

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

Conn

17. INFORMANT (ADDRESS)

State Hosp #1 Fulton Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Masonic Cemetery DATE 8/20 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS)

Williams & Freedman
Callaway Mo20. FILED Aug 18, 1939R. N. Crews
Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

Aug 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from

May 6, 1939, to Aug 18, 1939I last saw h. 8/17 alive on 1939 Death is saidto have occurred on the date stated above, at 5:00 A.M.

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

Pulmonary Tuberculosis
Senility
22

Date of onset

Other contributory causes of importance:

Dehydration
Exhaustion

Name of operation

Date of

What test confirmed diagnosis? Phys Exam Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury 1939

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)

(Address)

Geo. F. WoodState Hosp #1 Fulton Mo

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.....

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.