

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.

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

Do not use this space.

23815

1. PLACE OF DEATH

County Monterey
Township Salinas
City California (No. _____)

Registration District No. 571
Primary Registration District No. 4335

File No. _____
Registered No. 44
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 5 - 1851
7. AGE YEARS 83 MONTHS 9 DAYS 14 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) Conn (STATE OR COUNTRY)

FATHER 13. NAME Stephen W. Blakeman

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

MOTHER 15. MAIDEN NAME Sophia Botsford

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

17. INFORMANT Sophia Gray (ADDRESS) California

18. BURIAL, CREMATION, OR REMOVAL PLACE Monterey Cem DATE 7/21 1935

19. UNDERTAKER William H. Reed Meyer (ADDRESS) California

20. FILED 7-20-35 A. H. Popejoy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 22 1935 to July 19, 1935

I last saw him alive on July 19, 1935 Death is said

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

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

Pernicious Date of onset _____

Anemia

Other contributory causes of importance _____

