

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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**

**1 PLACE OF DEATH**

County Cass  
Township.....  
or  
Village.....  
or  
City Pleasant Hill NO. .... St.: ..... Ward.....

Registration District No. 157 File No. 22697  
Primary Registration District No. 4091 Registered No. 25

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

**2 FULL NAME** David B Black

**PERSONAL AND STATISTICAL PARTICULARS**

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OF, DIVORCED Widowed  
(Write the word)

6 DATE OF BIRTH Oct 19 1939  
(Month) (Day) (Year)

7 AGE 78 yrs. 9 mos. 9 ds. If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work Retired  
(b) General nature of industry business, or establishment in which employed (or employer) .....

9 BIRTHPLACE (City or town, State or foreign country) Ky

PARENTS  
10 NAME OF FATHER Martin Black  
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Not known  
12 MAIDEN NAME OF MOTHER Mary Blakely  
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Not known

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Mary Chapman  
(Address) Pleasant Hill Mo

15 Filed Aug 6 1918 H M Grant  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH July 26 1918  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from June 11 1918, to July 25 1918, that I last saw him alive on July 25 1918, and that death occurred, on the date stated above, at 3.30 P. m.

The CAUSE OF DEATH\* was as follows:  
Arterio Sclerosis  
131  
132A 140  
(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY Interstitial Nephritis  
(Secondary) retis (Duration) 7 yrs. ... mos. ... ds.  
(Signed) H. J. ... M. D.  
7-26-1918 (Address) Pleasant Hill

\*State the Disease Causing Death, or, in death from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)  
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.  
Where was disease contracted if not at place of death? .....

19 PLACE OF BURIAL OR REMOVAL Pleasant Hill Mo DATE OF BURIAL 7-25 1918

20 UNDERTAKER Parker & Son ADDRESS Pleasant Hill Mo

