27 1928

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.

File No. 27892

Registered No. 333

1. PLACE OF DEATH

County Marion — Registration District No. 547

Township Mason — Primary Registration District No. 3079

City Hannibal (No. L Valley Rd #3 St. Ward)

2. FULL NAME Martin H. Blake

(a) Residence. No. Valley Road #3 St., Ward. (If nonresident give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May-13-1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69.	3	15	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

PARENTS

10. NAME OF FATHER Tyrl Blake.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown.

12. MAIDEN NAME OF MOTHER Unknown.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown.

14. INFORMANT Mrs. Ettie Blake.
(Address) Valley Road Route #3.

15. FILED Sept 1, 1928 C E Strode REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-28-1928

17. I HEREBY CERTIFY, That I attended deceased from July, 1928, to Aug 28, 1928, that I last saw him alive on Aug 28, 1928, and that death occurred, on the date stated above, at 1045 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cirrhosis of Liver

1245

12-2-01

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Cirrhosis

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? no DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? General symptoms

(Signed) A L Shanks, M. D

, 19 (Address) Hannibal Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Mt Olivet Cem.	8-31-1928
20. UNDERTAKER	ADDRESS
James O'Donnell	Hannibal Mo.