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

Do not use this space. 30478

1. PLACE OF DEATH

County: Jackson — Registration District No.: 403

Township: ~~Kaw~~ Brushing — Primary Registration District No.: 5557

City: ~~Kansas City~~ (No. 5812 Eastwood Court St. Ward)

File No.: 3728 — Registered No.:

2. FULL NAME Charles L. Blaye

(a) Residence. No. ..... St., 16 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	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8/24/28 (19)

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	100	0	13	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Stationary Engineer 131

(b) General nature of industry, business, or establishment in which employed (or employer): 1323

(c) Name of employer: 162

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

PARENTS

10. NAME OF FATHER Dont Know

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

12. MAIDEN NAME OF MOTHER Don't Know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

14. INFORMANT Benjamin C. Blaye (Address) 5812 Eastwood Court

15. FILED 9/9, 1928 M. M. Crowe Asst REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 7 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 7, 1928, to Sept 8, 1928, that I last saw him alive on Sept 8, 1928, and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Uremic Poisoning from Chronic Interstitial Nephritis & Senility - Conv 100 yrs. old

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Senility

(duration) 10 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? Clinical only

(Signed) Walter M. Emmons M. D

9/8, 1928 (Address) 813 Argyle Bldg

*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
Elmwood	1928 Sep. 10th
20. UNDERTAKER	ADDRESS
R. V. Lindsey & Sons	KC Mo

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CHARLES W. REGAN, CITY CLERK

December 4, 1928.

Dr. James Stewart,
State Board of Health,
Jefferson City, Missouri.

Dear Dr. Stewart:-

Will you please send the record of death of one, Charles L. Blaye which you will find registered under number 3728-1928 to Dr. W. W. Hobbs, Local Registrar at Raytown, Missouri, as I have just discovered that this death occured outside the city limits? We are crossing the record off our file so that it will not be listed twice.

Yours truly,

Margaret M. Crowe

Margaret M. Crowe,
Assistant Registrar.

S-30478