

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.

JAN 22 1929

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

Do not use this space.

39840

1. PLACE OF DEATH

County Cedar
Township N. Linn
City _____ (No. _____)

Registration District No. 165
Primary Registration District No. 5231

File No. _____
Registered No. 9
St. _____ Ward _____

2. FULL NAME

Jamie Caroline Blake

(a) Residence. No. _____ St. _____ Ward. _____

(Usual place of abode)

(If nonresident give city or town and State)

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

Female

4. COLOR OR RACE

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

Married

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

J.M. Blake

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

March 9, 1841

7. AGE

YEARS MONTHS DAYS
87 9 0
If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

House Wife

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Rome County

10. NAME OF FATHER

Lucius Hacker

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Rome Co.

12. MAIDEN NAME OF MOTHER

Lucius Hacker

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Rome Co.

PARENTS

14. INFORMANT

(Address)

J.F. Blake
Stockton Mo

15. FILED

Jan., 19. 29

E. S. Smith
Mary Bayless
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

12/9 1928

17.

I HEREBY CERTIFY, That I attended deceased from 12-1-28, 1928, to 12-9-28, 1928, that I last saw J.C. alive on 12-9-28, 1928, and that death occurred, on the date stated above, at 1 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza, and pneumonia.

11A
109A (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

11A (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

8 Did an operation precede death? DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J.B. Steward, M. D.

, 19 (Address) Stockton 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

Stockton Cemetery 12/10 1928

20. UNDERTAKER

ADDRESS

H.C. Davis & Co Stockton

