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

Do not use this space.

11900

APR 30 1929

1. PLACE OF DEATH

County: Polk. Registration District No.: 701

Township: Primary Registration District No.: 4422

City: Bolivar (No. ..... St. ..... Ward)

File No.: Registered No.: 28

2. FULL NAME: Pete 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: Male

4. COLOR OR RACE: White

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 3 1886

7. AGE: Years 42 | Months 11 | Days | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Soldier U.S.
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Greencastle
(STATE OR COUNTY): Indiana

PARENTS

10. NAME OF FATHER: Pete Blake

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Greencastle
(STATE OR COUNTY): Indiana

12. MAIDEN NAME OF MOTHER: Cora Hinton

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Bolivar
(STATE OR COUNTY): Mo.

14. INFORMANT: Mrs Cora Hinton
(Address): Bolivar Mo.

15. FILED: 3/4/ 1929 J. F. Robirts
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 3 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb. 17, 1929, to March 3, 1929, that I last saw him alive on March 3, 1929, and that death occurred, on the date stated above, at 7 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hemorrhage of Bowels of Heart Tuberculosis Kidneys

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) None

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED: Heart Kidneys

IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? No. DATE OF —

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) T. D. Stewart, M.D.

3/4/, 1929 (Address) Bolivar 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: Greenwood Cemetery

DATE OF BURIAL: 3/4/ 1929

20. UNDERTAKER: White and Co.

ADDRESS: Bolivar Mo

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.

84 188 2 2 1