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

Do not use this space.

14152

MAY 24 1929

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1. PLACE OF DEATH
County: Clinton
Township:
City: Salisbury (No. St. Ward)
Registration District No. 175
Primary Registration District No. 4104
File No.
Registered No. 28

2. FULL NAME: Joseph Davis 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: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): M

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mar. 30-1858

7. AGE: Years 70 Months 4 Days 27 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired 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): Mo

PARENTS
10. NAME OF FATHER: David Blake
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mo
12. MAIDEN NAME OF MOTHER: Matilda Butner
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ky.

14. INFORMANT: W. T. Blake
(Address): Salisbury Mo

15. FILED 4/27, 1929 G. V. Hartness REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Apr. 27 1929

17. I HEREBY CERTIFY, That I attended deceased from Med. 1, 1928 to April 27, 1929 that I last saw h. alive on April 27, 1929, and that death occurred, on the date stated above, at 5 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Respiratory Paralysis
12 hrs.
Arc.
114 hrs. (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY): Chr. Nephritis
Myocarditis (duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH: Home
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Ralph [illegible] M.D.
4/27, 1929 (Address) Salisbury 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: Salisbury Cemetery
DATE OF BURIAL: 4/29 1929
20. UNDERTAKER: Wm Kelmeyer Bro
ADDRESS: Salisbury

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.