

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

Do not use this space.

36833

1. PLACE OF DEATH

County Gascoigne
Township Herrmann
City Herrmann (No.)

Registration District No. 303
Primary Registration District No. 4-182

File No.
Registered No.
St. Ward)

2. FULL NAME

Frank L. Blaske

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 16-1854

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
75 2 1

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Steam boating
(b) General nature of industry, business, or establishment in which employed (or employee) 876
(c) Name of employer 92A

9. BIRTHPLACE (CITY OR TOWN) Friedrichsburg
(STATE OR COUNTRY) Mo

10. NAME OF FATHER F Blaske

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

12. MAIDEN NAME OF MOTHER Friedricha Sonntag

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

14. INFORMANT Hugo Blaske
(Address)

15. FILED 11-18 29 Amur Kierkeby
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 17, 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1929 to Nov. 17, 1929, and that I last saw him alive on Nov. 16, 1929, and that death occurred, on the date stated above, at 6:55 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Atherosclerosis and chronic valvular disease of heart

CONTRIBUTORY (SECONDARY) Insanity due to anemia of brain

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? slithers of y. phlogomonocytes
(Signed) Ed. A. Jeter MD

11-18-1929 (Address) Herrmann, 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 New Haven Cemetery DATE OF BURIAL Nov 19 1929

20. UNDERTAKER H. C. Ludwig ADDRESS Herrmann, Mo.

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.

