

APR 30 1930

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

Do not use this space.

9511

1. PLACE OF DEATH
 County Marion Registration District No. 5H7
 Township Mason Primary Registration District No. 3079
 City Hannibal (No. 301 Hawkins Ave St. Sixth Ward)

2. FULL NAME Laura Etta Blake
 (a) Residence. No. 301 Hawkins Ave St. Sixth 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.

File No. _____
 Registered No. 69
 St. Sixth Ward)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12/23/1862

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
<u>67</u>	<u>2</u>	<u>28</u>		

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/21 1930

17. I HEREBY CERTIFY, That I attended deceased from March 1, 1930, to May 22, 1930 that I last saw h. e. l. alive on March 21, 1930, and that death occurred, on the date stated above, at 11:45 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Bronchitis
106 B
118 C

(duration) 10 yrs. 7 mos. 7 ds.

CONTRIBUTORY (SECONDARY) Gastritis
 (duration) 2 yrs. 2 mos. 2 ds.

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

10. NAME OF FATHER E Biggs

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

12. MAIDEN NAME OF MOTHER Sarah Fenton

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

18. WHERE WAS DISEASE CONTRACTED? 99 B
 IF NOT AT PLACE OF DEATH...
 DID AN OPERATION PRECEDE DEATH? no DATE OF...
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) W. D. Bull D.S. M.D.
 , 1930 (Address) Hannibal Mo

14. INFORMANT Miss Edith Blake
 (Address) Hannibal, Mo

15. FILED 3/27 30 Blousius
 1930 REGISTRAR

*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 Mt. Olivet Cemetery DATE OF BURIAL 3/23 1930

20. UNDERTAKER Jas. O'Donnell ADDRESS Hannibal, Mo

N. B.—Every item of information should be carefully supplied. Any errors or omissions will be cause for re-examination. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

