NOV 21 1930

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

Do not use this space.

1. PLACE OF DEATH
County Clay
Township Liberty
City Liberty (No. ..... St. ..... Ward)

Registration District No. 201
Primary Registration District No. 3012

File No. 32412
Registered No. 96

2. FULL NAME Eli Bass Black
(a) Residence. No. ~~Choctaw~~ 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE~~ OF: Ive Clark Black

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug. 9-1862

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
68	1	25	

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jackson County Mo

PARENTS
10. NAME OF FATHER: G. L. Black
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Boone Co. Mo
12. MAIDEN NAME OF MOTHER: Ive Chiles
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Jackson Co. Mo.

14. INFORMANT (Address): Ive C. Ray Liberty Mo

15. FILED 11/10/30 Wm H Goodson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct. 4 1930

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1930, to Oct 4, 1930 that I last saw him alive on Oct 4th, 1930, and that death occurred, on the date stated above, at 7 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Anaemia - heart weakness
97
71 B
(duration) 4 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Arteriosclerosis
(duration) ..... yrs. ..... mos. ..... ds.

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?
(Signed) John H. Rathwell, M. D.
10-9, 1930 (Address) Liberty 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: Fairview Liberty Mo
DATE OF BURIAL: 10/8/1930

20. UNDERTAKER: Church Archer Co
ADDRESS: Liberty 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.