

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.

DEC 20 1930

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

Do not use this space.

35591

1. PLACE OF DEATH

County Cedar

Registration District No. 166

Township Stockton

Primary Registration District No. 4097

City Stockton

No. 166

File No. 44

Registered No. 44

St. Mo. Ward 4

2. FULL NAME

(a) Residence. No. Mary Virginia Blake St. Mo. Ward 4

(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

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

Thomas Jackson Blake

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Mar 14 1843

7. AGE

YEARS

87

MONTHS

8

DAYS

4

If LESS than 1

day, hrs.

or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Manchester

(STATE OR COUNTRY)

Mo.

10. NAME OF FATHER

Cornelius Demaree

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Kentucky

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Delphina Keeper

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Kentucky??

(STATE OR COUNTRY)

14. INFORMANT

(Address)

Elizabeth Deade
Stockton, Mo.

15. FILED

Dec 20 1930

E. S. Smith
Mary Bayless

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 18 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 18 1930, to Nov 18 1930

that I last saw him alive on Nov 20 18 1930, and that death occurred, on the date stated above, at 11 pm m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Liver
44

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? 20 DATE OF 20

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) B. H. Emerson M. D.

, 19 30 (Address) Stockton 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

DATE OF BURIAL

Stockton Cem.

11/20 1930

20. UNDERTAKER

ADDRESS

Davis & Co

Stockton

