MAR 27 1931

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

Do not use this space.

6697

1. PLACE OF DEATH
County Randolph — Registration District No. 731 — File No.
Township Clifton — Primary Registration District No. 5965 — Registered No. 2
City (No. , St. Ward)

2. FULL NAME Lewis 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: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dont Know
7. AGE: Years about 58 — Months — Days — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Howard Co 1

FATHER
13. NAME Ed Biss
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Charlton Co

MOTHER
15. MAIDEN NAME Mealy Butner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky 2

17. INFORMANT (ADDRESS): Tom Blake Huntsville Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Ronoake DATE Feb 15 1931
19. UNDERTAKER (ADDRESS): Tom B Patton Huntsville Mo
20. FILED 3/6 1931 J Bradsher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 13 1931
22. I HEREBY CERTIFY, That I attended deceased from 1929, to Feb 13, 1931
I last saw him alive on Feb 13, 1931. Death is said to have occurred on the date stated above, at 4 P m.
The principal cause of death and related causes of importance were as follows:
Mitral Stenosis — Date of onset
92A
Other contributory causes of importance:
Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy?
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. C. Alexander, M. D.
(Address) Clifton Hill 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.