

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

Do not use this space.

12926-1

1. PLACE OF DEATH

County Vernon Registration District No. 870 File No. _____
 Township Deerfield Primary Registration District No. 5-615-2a Registered No. _____
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Enos Frederick 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 12 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 Caroline Augusta Blake
 HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14 - 1849
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 9 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) Feb 1931 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lexington Ill

13. NAME Alexander Blake

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ill

15. MAIDEN NAME Ann Margaret Spahr

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lexington Ill

17. INFORMANT Samuel Erman Blake
 (ADDRESS) Moundsville R 1

18. BURIAL, CREMATION, OR REMOVAL PLACE Lexington Ill DATE Mar. 14th 1931

19. UNDERTAKER Ferry Funeral Home
 (ADDRESS) 244 S. Washington

20. FILED McH 12 19 31 Mrs. Truman
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-11 1931
 22. I HEREBY CERTIFY, That I attended deceased from 3-4 1931, to 3-11 1931
 I last saw him alive on 3-10 1931. Death is said to have occurred on the date stated above, at 5A m.
 The principal cause of death and related causes of importance were as follows:

Influenza
11B
11C
 Other contributory causes of importance: _____
 Date of onset 3-2-31

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 11, 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? h
 If so, specify _____

(Signed) J. W. Hunsch, M. D.
 (Address) 2200 S. 1st St.

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.

APR 29 1931

RECORDING INFORMATION—THIS IS A PERMANENT RECORD

