

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.

JAN 19 1932

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

Do not use this space.

40144

40234

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St Joseph

(No. 2401 south 4 street

File No.

Registered No. 1279

St. Ward

2. FULL NAME Patrick H. Blake

(a) Residence, No. 2401 south 4 street St., Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 45 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

Julia Blake

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

March 17, 1866

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

65

9

5

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retired Grocer

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)

unknown

11. Total time (years) spent in this occupation

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

Dewey Ohio

FATHER

13. NAME

Michael Blake

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

Unknown Ireland

MOTHER

15. MAIDEN NAME

Unknown

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

Unknown Ireland

17. INFORMANT (ADDRESS)

Julia Blake 2401 so 4 street St. Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE

Ashland Cemetery

St. Joseph Mo.

DATE Dec. 22

1931

19. UNDERTAKER (ADDRESS)

J. O. Schufeldt 1802 Union St St. Joseph Mo.

20. FILED

DEC 23 1931

John R. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 22, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1931, to Dec 18, 1931

I last saw him alive on Dec 18, 1931. Death is said to have occurred on the date stated above, at 6:40A.m.

The principal cause of death and related causes of importance were as follows:

Mitral regurgitation Date of onset known

Other contributory causes of importance: Arterial Sclerosis 5 years

Name of operation: Clinical Date of: What test confirmed diagnosis: Clinical there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury: 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? No

If so, specify: Charles H. Werner, M. D. (Address) 315 Kirkpatrick Bldg

