

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

Do not use this space.

29059

1. PLACE OF DEATH

21

County Chariton
Township Cunningham
City (No. _____) _____

Registration District No. 176
Primary Registration District No. 5244

File No. _____
Registered No. 7 St. _____ Ward _____

2. FULL NAME

Lou 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lou Blake

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 4, 1844

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
89 0 4

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) _____ 11. Total time (years) spent in this occupation _____

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

13. NAME David Blake

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

15. MAIDEN NAME Mary F Trotter

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

17. INFORMANT (ADDRESS) Mrs Wm Hinchett Sumner Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Sumner Mo DATE Sept 9 1933

19. UNDERTAKER (ADDRESS) L. J. Weipart Sumner Mo

20. FILED Sept 8, 1933 A. R. Lewis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1930, to Sept 8, 1933
I last saw him alive on Aug 30, 1933 Death is said

to have occurred on the date stated above, at 2 p. m.
The principal cause of death and related causes of importance were as follows:

Cardiovascular renal disease
Arteriosclerosis several years
Other contributory causes of importance:
131
97
131

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

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? no
If so, specify _____

(Signed) A. R. Lewis, M. D.
(Address) Sumner 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.

O. C. 20 1533

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