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.

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

Do not use this space.
36537

JAN 8 1934

1. PLACE OF DEATH
County Jackson — Registration District No. 389
Township Kaw — Primary Registration District No. 1 6 7
City Kansas City (No. St. Mary's Hospital St. Ward)
File No. 4458
Registered No.

2. FULL NAME Frances Sue Blake
(a) Residence, No. St., Ward. Salisbury, Missouri
(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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 11, 1920
7. AGE — Years: 13 — Months: 2 — Days: 3 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Student
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) Moberly (STATE OR COUNTRY) Missouri.

FATHER
13. NAME David T. Blake
14. BIRTHPLACE (CITY OR TOWN) Salisbury (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Lucile V. Heying
16. BIRTHPLACE (CITY OR TOWN) Rhineland (STATE OR COUNTRY) Missouri.

17. INFORMANT David T. Blake (ADDRESS) Salisbury, Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Salisbury, Mo DATE Nov 16, 1933
19. UNDERTAKER Ethel McClure (ADDRESS) 3235 William Flagg
20. FILED Nov 14 1933 M. M. Crowell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 2, 1933, to Nov. 14, 1933
I last saw h. alive on Nov. 13, 1933. Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Subacute yellow atrophy of liver	Feb 1933

Other contributory causes of importance:

Name of operation None 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) Lawrence P. Engel, M. D.
(Address) 1227 Prof. Bldg.

[illegible] Professional Bldg.
[illegible]
1228