

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.

41054

JAN 26 1934

**1. PLACE OF DEATH**

County Pulaski Registration District No. 711  
 Township Union Primary Registration District No. 8740  
 City Helix (No. \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 72  
 Registered No. 72

**2. FULL NAME** Louisiana Carroll 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. K. N. Blake

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8/20/1861

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>72</u>	<u>3</u>	<u>17</u>	

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

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) Missouri

13. NAME George C. Cain

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

15. MAIDEN NAME Elizabeth Jackson

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

17. INFORMANT J. K. N. Blake  
 (ADDRESS) Helix, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Liggan DATE Dec 8 1933

19. UNDERTAKER Fred H. Gilbert  
 (ADDRESS) Helix, Mo.

20. FILED Dec 12 1933 A. S. Eick  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-7-1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 17 - 1933, to Dec 7 - 1933

I last saw her alive on Dec-6-, 1933. Death is said to have occurred on the date stated above, at 5 A. M.

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

Apoplexy Date of onset \_\_\_\_\_  
Hypertension

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Examination 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_

(Signed) A. J. Criss, M. D.  
 (Address) Helix, Mo.

