WHITE 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.

APR 25 1934

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

Do not use this space.

9058

1. PLACE OF DEATH

County Jackson — Registration District No. 389 — File No.

Township Kaw — Primary Registration District No. 1003 — Registered No. 1255

City Kansas City (No. 4714 Liberty St. Ward)

2. FULL NAME Thomas Arthur Blake

(a) Residence, No. 4714 Liberty St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: 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: Daisy Ann Blake

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 31, 1873

7. AGE: Years 60 — Months 11 — Days 18 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Railroad Man
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): Kentucky

FATHER

13. NAME: John L. Blake
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No information

MOTHER

15. MAIDEN NAME: Nancy Ann Biddle
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No information

17. INFORMANT (ADDRESS): Daisy Ann Blake, Drexel, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Drexel, Mo DATE 3-20, 1933

19. UNDERTAKER (ADDRESS): Stine & McClure, 3233 Gillham Plaza

20. FILED Mch 20, 1934 M. M. Crowe, Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3/19/34

22. I HEREBY CERTIFY, That I attended deceased from ..., 19.. to ..., 19..

I last saw his alive on ..., 19.. 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

Chronic interstitial nephritis

Chronic myocarditis

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy? Yes

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) ..., M.D.

(Address)