

REC'D SEP 20 1938

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

29129  
 Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 400  
 (b) Township Prague Primary Registration District No. 5553B Registered No. 179  
 (c) City Little Blue (d) Street No. Jackson County Home Paul aged  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Harvey Blake 420  
 (a) Residence, No. 420 St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## 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 wife  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-24-1869  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
69 2 25  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Labour  
 9. Industry or business in which work was done, as 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) Ill. (STATE OR COUNTRY) Ill.

FATHER 13. NAME Unknown  
 14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Ill.

MOTHER 15. MAIDEN NAME Unknown  
 16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Ill.

17. INFORMANT Ernest Jackson (ADDRESS) 20 Osborn Home

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn DATE Aug 29 1938

19. FUNERAL DIRECTOR (NAME) Ketterlin Funeral Home (ADDRESS) 151 C. Mo.

20. FILED Aug 22 1938 William J. Fields Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 19 1938

22. I HEREBY CERTIFY, That deceased from 8-10 1938, to 8-19 1938

I last saw him alive on 8-18 1938 Death is said to have occurred on the date stated above, at 5P m.

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

carcinoma stomach

Date of onset

Other contributory causes of importance: 46 B.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis Ulcer Is there an autopsy? M

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) J. W. Greene M. D.

(Address) W. Dependence

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**