

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 3660

1. PLACE OF DEATH

County Scotland
 Township Jefferson
 City Memphis

Registration District No. 810
 Primary Registration District No. 44488

File No.
 Registered No. 7
 St. Ward)

2. FULL NAME

Rhoda Ellen Blake

(a) Residence No. St. Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female **4. COLOR OR RACE** white **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF wife of Theodore Blake

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 30, 1860

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
67 6 21

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Home wife
 (b) General nature of industry, business, or establishment in which employed (or employer).
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W^{est} Sterling, Ia

PARENTS

10. NAME OF FATHER Lemmerie (Henry)

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ia

12. MAIDEN NAME OF MOTHER Mauler

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ia.

14. INFORMANT R. A. Blake
 (Address) Living

15. FILED 2/4/28 E. E. Jarvis
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 21 1928
17. I HEREBY CERTIFY That I attended deceased from Jan 19 1928, to Jan 21 1928 that I last saw her alive on Jan 20 1928, and that death occurred, on the date stated above, at 2:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy
900 (duration) yrs. mos. da.
CONTRIBUTORY Weak valve in heart
 (SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....
 WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) James A. Mitchell, M. D.
1-22, 1928 (Address) Memphis, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Memphis County **DATE OF BURIAL** 1-22 1928

20. UNDERTAKER J. W. Payne & Sons **ADDRESS** Memphis Mo

