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.

OCT 26 1932

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

Do not use this space.

1. PLACE OF DEATH — 56
County Lewis
Township La Belle
City ..... (No. ..... St. ..... Ward)

Registration District No. 481
Primary Registration District No. 5643B.

File No. 29710
Registered No. .....

2. FULL NAME Richard Donald 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. 7 ds. How long in U. S., if of foreign birth? yrs. mos. 7 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 16 1932.

7. AGE YEARS MONTHS DAYS 7 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None.
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) Lewistown Mo.

FATHER
13. NAME Adrains Blake.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayland Mo.

MOTHER
15. MAIDEN NAME Thelma Stice
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lewistown Mo.

17. INFORMANT (ADDRESS) Carrie Stice Lewistown, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lewistown Mo DATE Sept 24 1932

19. UNDERTAKER (ADDRESS) James A Coder Lewistown Mo

20. FILED 9/24/32 19 J E Brown Jacoder Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 16 1932 to Sept 23, 1932
I last saw him alive on Sept 23, 1932 Death is said to have occurred on the date stated above, at 11 P.M.
The principal cause of death and related causes of importance were as follows:

Premature Birth. — Date of onset Sept 16

159

Other contributory causes of importance:

Weakness,

2

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) Harry L. McCracken D.C., M. D.
(Address) Lewistown Mo.