MAY 25 1927

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

Do not use this space.
11051

1. PLACE OF DEATH
County Buchanan — Registration District No. 85
Township — Primary Registration District No. 1001
City St. Joseph, Mo. (No. Noyes Hospital St. Ward)
File No. — Registered No. 437

2. FULL NAME Margaret Blackwell
(a) Residence. No. — St. — Ward. Savannah, Missouri.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 60 yrs. 0 mos. 0 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF John E. Blackwell

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 5 - 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	6	20	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) ✓
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Germany

PARENTS
10. NAME OF FATHER Hartman Steffen
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Charlotte Garish
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Germany

14. INFORMANT John Steffen.
(Address) R. F. D. # 8. St. Joseph. Mo.

15. FILED APR 26 1927 19... J. G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 25 1927

17. I HEREBY CERTIFY, That I attended deceased from April 11 —, 1927, to April 25, 1927, that I last saw h[illegible] alive on April 25, 1927, and that death occurred, on the date stated above, at 12:50 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cystic tumor of liver
1 Carcinoma of Pancreas
(duration) ... yrs. 1 mos. ... ds.
CONTRIBUTORY (SECONDARY) Cerebral Hemmorhage
(duration) ... yrs. ... mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? ✓
DID AN OPERATION PRECEDE DEATH? yes DATE OF April 13-27
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical + X Ray

(Signed) [illegible], M. D
4/27, 1927 (Address) St. Joseph, 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	DATE OF BURIAL
Ashland Cemetery	April 27 1927
20. UNDERTAKER	ADDRESS
Fleeman-Faris	1208 Francis

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. THIS IS A PERMANENT RECORD