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

Do not use this space.

34178

NOV 26 1927

1. PLACE OF DEATH

County: Monroe — Registration District No. 582

Township: Washington — Primary Registration District No. 5780

City ..... (No. ..... St. ..... Ward)

File No. .....

Registered No. 30

2. FULL NAME Mary E. Blackburn

(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. ..... 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	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 22 - 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	8	11	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Domestic
(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) Shelby Co. Mo

PARENTS

10. NAME OF FATHER Marshal Blackburn

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

12. MAIDEN NAME OF MOTHER Kent Know.

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

14. INFORMANT Mildred Slake
(Address) Jakeman Mo.

15. FILED Nov. 4. 1927. H. C. Payne
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov-2-1927

17. I HEREBY CERTIFY, That I attended deceased from Nov. 2, 1927, to Nov. 2, 1927, that I last saw h. er alive on Nov. 2, 1927, and that death occurred, on the date stated above, at 10.30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy

8 hrs (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) None

..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED .....
IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no.

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) A. M. Wood, M. D.

11-4-, 1927 (Address) Shelbina 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: Kendal Cemetery — DATE OF BURIAL: Nov. 4 1927

20. UNDERTAKER: George J. Givens — ADDRESS: Hunnewell Mo

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.