

MAR 21 1928

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

Do not use this space.

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1. PLACE OF DEATH

County Washington
Township Concord
City (No.)

Registration District No. 886
Primary Registration District No. 6178

File No.
Registered No. St. Ward

2. FULL NAME

James Alfred Blackwell

(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

2. SEX

Male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2/10/1927

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

7

15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Washington Co. Mo. (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER

James Blackwell

11. BIRTHPLACE OF FATHER (CITY OR TOWN) De Soto, Mo. (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Florence Glore

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Washington, Co., Mo. (STATE OR COUNTRY)

14.

Informant Mrs. Thomas Blackwell
(Address) Leadwood, Mo.

15.

Filed 1/4 1928 J. P. T. [Signature]
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/3/ 19 28

17.

I HEREBY CERTIFY That I attended deceased from 2/1 1928 to 2/3 1928
that I last saw h. 1 time on 2/2 1928 and that death occurred, on the date stated above, at 9 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho-pneumonia

CONTRIBUTORY (SECONDARY)

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) J. P. T. [Signature] M. D.2/3, 19 28 (Address) Leadwood, 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

Glore cemetery

2/5 19 28

20. UNDERTAKER

John Boyer

ADDRESS

Leadwood
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.

THE ABOVE INFORMATION IS NOT TO BE RELEASED TO THE PUBLIC OR TO ANY OTHER AGENCY OR INDIVIDUAL WITHOUT THE WRITTEN AUTHORIZATION OF THE FBI. IT IS TO BE KEPT IN A SEPARATE FILE AND NOT TO BE MIXED WITH ANY OTHER INFORMATION.

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

County Washington
Township Concord
City Concord (No.)

Registration District No. 886
Primary Registration District No. 6178

File No.
Registered No.
St. Ward

2. FULL NAME

James Alfred Blackwell

(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 <u>M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
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5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-10-1927

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>7</u>	<u>15</u>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
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9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY)

14. INFORMANT
(Address)

15. FILED 19.....
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-8 19 28

17. I HEREBY CERTIFY, That I attended deceased from
19....., to 19.....
that I last saw him at 19..... and that
death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchopneumonia
Pneumonia

CONTRIBUTORY (SECONDARY) 100%
(duration) yrs. mos. ds.

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)....., M. D.
, 19 (Address)

*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

20. UNDERTAKER

ADDRESS

REGISARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW
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OCCUPATION is very important.

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