R 23 1928

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan Registration District No. 85 File No. 7924
Township St Joseph Primary Registration District No. 1001 Registered No. 370
City St Joseph (No. State Hospital for Insane No 2 St. Ward)

2. FULL NAME Isaac Perry Blackwell

(a) Residence. No. St., Ward. Carrollton, Mo.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. 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) Year 1851
7. AGE 77 YEARS, MONTHS Unk, DAYS Unk; If LESS than 1 day, ... hrs. or ... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(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) Mo

PARENTS
10. NAME OF FATHER Alx Blackwell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Va
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Mo
14. INFORMANT St Hosp Record
(Address) St Joseph Mo
15. FILED ..., 19 John G ... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mch. 22 1928
17. I HEREBY CERTIFY, That I attended deceased from Mch 4, 1924, to Mch 22, 1928
that I last saw h im alive on Mch 22 1928 and that death occurred, on the date stated above, at 3:30 P m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
930
908
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Not known
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Ex
(Signed) C. R. Roberts, M. D.
Mch 22, 1928 (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 Carrollton Mo
DATE OF BURIAL 3/25 1928
20. UNDERTAKER Heaton Bigelow Bowman Funeral Home by A. H. Kaste
ADDRESS 2 ... S 10

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.