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

Do not use this space.

File No. 16355

Registered No. 9

1. PLACE OF DEATH
County Caldwell
Township
City Breckenridge (No. , St., Ward)
Registration District No. 94
Primary Registration District No. 4056

JUL 5

2. FULL NAME George C Blackwell

(a) Residence. No. (Usual place of abode) St., Ward.
(If nonresident give city or town and State)

Length of residence in city or town where death occurred 3 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): Married

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) ~~WIFE OF~~ Lillian Dale-Blackwell

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 24-1870

7. AGE: Years 57 | Months 10 | Days ~~26~~ | If LESS than 1 day, hrs. or min.

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

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

PARENTS

10. NAME OF FATHER John Blackwell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kentucky
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Nancy Chester
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ky
(STATE OR COUNTRY)

14. INFORMANT Mrs George Blackwell
(Address) Breckenridge Mo

15. FILED 5-16-1928 E A Thompson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 8 1928

17. I HEREBY CERTIFY, That I attended deceased from April 23, 1928, to May 8, 1928, that I last saw h[illegible] alive on May 8, 1928, and that death occurred, on the date stated above, at 6.15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Interstitial nephritis
1 yr
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Arteriosclerosis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 910
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Lab. X Ray. Clinical
(Signed) A E Minnick, M. D
May 14 1928 (Address) Locust Springs 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: Rose Hill Cemetery — DATE OF BURIAL: May 15 1928
20. UNDERTAKER: T. McPeek — ADDRESS: Breckenridge 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD