

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

Do not use this space.

21143

1. PLACE OF DEATH

County Lewis
Township
City La Grange (No.)

Registration District No. 480
Primary Registration District No. 4289

File No.
Registered No.
St. Ward)

2. FULL NAME B.F. Blackwood

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 16th 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 1 15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Stone mason
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Benbow
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Wm. Blackwood
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Elizabeth Bohon
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

14. INFORMANT Edda Blackwood
(Address) La Grange, Mo.

15. FILED June 2, 1928 W. B. Elley
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 1st 1928

17. I HEREBY CERTIFY That I attended deceased from Feb 29 7:30 1928, to June 1st 1928 that I last saw him alive on March 31st 1928, and that death occurred, on the date stated above, at 7 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Tubular Heart Disease with Chronic Nephritis & Cystitis

1290 (duration) 3 yrs. mos. da.

CONTRIBUTORY (SECONDARY) Memoria (duration) yrs. mos. 10 da.

18. WHERE WAS DISEASE CONTRACTED La Grange Mo
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? yes DATE OF May 20th

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Microscopic exam
(Signed) M. D. Owens, M. D.
, 19 (Address) La Grange 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 Hammersell DATE OF BURIAL June 3 1928

20. UNDERTAKER A A Roberts ADDRESS La Grange 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.

