

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.

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Kaw
City St. Louis

Registration District No. 5-6

Primary Registration District No. Old City Hospital

File No. 23969

Registered No. 3198

St. 1 Ward 1

2. FULL NAME

(a) Residence. No. 3729 E 9th St. St. 1A Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. 9 mos. 0 da. How long in U.S., if of foreign birth? 11 yrs. 9 mos. 0 da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

colored

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

married

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

Blackwell, Nettie

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Dec 10 1891

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. min.

56

12

7

8

8. OCCUPATION OF DECEASED

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

Janitor

(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)

Mississippi

PARENTS

10. NAME OF FATHER

Blackwell C.

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Virginia

14.

INFORMANT

(Address)

Wife Nettie Blackwell
3729 E 9th St.

15.

FILED

7/20 1928
M. M. Lerner
Asst. Registrar

MEDICAL CERTIFICATE OF DEATH

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

7-18-1928

17.

I HEREBY CERTIFY That I attended deceased from

19.28 to 7-18-1928

that I last saw him alive on 7-18-1928 and that death occurred, on the date stated above, at 3 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocardial Failure

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

3729 E 9th.

DID AN OPERATION PRECEDE DEATH?

no

DATE OF

WAS THERE AN AUTOPSY?

no

WHAT TEST CONFIRMED DIAGNOSIS?

Routine clinical Laboratory

(Signed)

H. M. Smith

M. D.

(Address)

Old City Hospital

*State the DISEASE CAUSING DEATH, or in death 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

Maple

7/23 1928

20. UNDERTAKER

ADDRESS

H. S. Moore

1820 E 18

