

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

Do not use this space.

32478

1. PLACE OF DEATH

County Stoddard
Township Reynolds
City Stoddard (No. 1)

Registration District No. 838
Primary Registration District No. 609803

File No.
Registered No. 39
St. Ward)

2. FULL NAME

(a) Residence. No. St. Ward.
(Usual place of abode)
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 Elsie Blackwell

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 5 - 1887

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
42 6 19

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Wesley Co
(STATE OR COUNTRY) Iowa

10. NAME OF FATHER John Blackwell

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Iowa
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Ada Barton

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Iowa
(STATE OR COUNTRY)

14. INFORMANT Elsie Blackwell
(Address) Dudley mo

15. FILED 9/17, 1928 F. Lohr REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....
that I last saw him alive on Sept 6, 1928, and that death occurred, on the date stated above, at 230 o'clock.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

82A Apoplexy
(duration) yrs. mos. da.
CONTRIBUTORY (SECONDARY) 174W
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH,.....

19. DID AN OPERATION PRECEDE DEATH? no DATE OF.....

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? V. B.

(Signed) W. H. Boston, M. D.

, 19 (Address) Hexter

*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

Dowdy Sept 17 1928
20. UNDERTAKER ADDRESS
A. J. Frank Poplar bluff mo.

WHILE PLAINLY, WITH UNFADING IMPRESSIONS IS A PERMANENT RECORD.
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.

