

22 1928

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

34437

1. PLACE OF DEATH

County Pike
 Township Pino
 City (No)

Registration District No. 688
 Primary Registration District No. 5916

File No. _____
 Registered No. 16
 St. _____ Ward _____

2. FULL NAME

Lizzie Blackwell

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

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

Black

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

married

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

Husband of Squon Blackwell

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov-15-1872

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
 day, _____ hrs.
 or _____ min.

63

11

7

8. OCCUPATION OF DECEASED

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

House Wife

(b) General nature of industry,
 business, or establishment in
 which employed (or employee)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Pike Co. Mo

10. NAME OF FATHER

Albert Early

PARENTS

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Pike Co. Mo

12. MAIDEN NAME OF MOTHER

Martha Page

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Pike Co. Mo.

14.

INFORMANT
 (Address)

Bessie Early
832 North 8th Street

15.

FILE

Nov 8, 1928 Mattie Lenace

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 22 19 28

17.

I HEREBY CERTIFY, That I attended deceased from Oct 16, 1928, to Oct 22, 1928,
 that I last saw him alive on Aug 16, 1928, and that
 death occurred, on the date stated above, at 9 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coronary of infarction

CONTRIBUTORY
 (SECONDARY)

(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. H. Froelgras M. D.

Oct 24, 1928 (Address) Frankford, 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

DATE OF BURIAL

Early Cem in County

Oct 25 1928

20. UNDERTAKER

E. A. Fields

ADDRESS

Frankford 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.

