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

Do not use this space.

36862

File No. 45-9

Registered No.

1. PLACE OF DEATH
County: Jackson — Registration District No.: 399
Township: East — Primary Registration District No.: 1002
City: Kansas City (No. 3704 Holmes St. St. Ward)

2. FULL NAME: Mrs. Alexander Blackburn
(a) Residence. No. 3704 Holmes St. 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov. 5, 1848.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	80	—	1	

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

9. BIRTHPLACE (CITY OR TOWN): Mc Minnville
(STATE OR COUNTRY): Oregon.

PARENTS
10. NAME OF FATHER: William T. Newby
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Mc Minnville
(STATE OR COUNTRY): Tenn.
12. MAIDEN NAME OF MOTHER: Sarah J. McGavy
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Madisonville
(STATE OR COUNTRY): Kentucky.

14. INFORMANT: Nathan B. Blackburn
(Address): 3704 Holmes St.

15. FILED: 11/8, 1928 M. M. Orme
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov. 6th. 1928

17. I HEREBY CERTIFY, That I attended deceased from July 23rd, 1928, to Nov 6, 1928, that I last saw he alive on Nov 6, 1928, and that death occurred, on the date stated above, at 4:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Gall bladder
Jaundice (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Arteriosclerosis
Indefinite (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? Boston Mass.
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? X Ray, Clinical, Exploratory Lapar. & autopsy
(Signed) W. D. Pulliet, M.D.
Nov. 9, 1928 (Address) 920 Argyle Blvd. KC 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: Cambridge, Mass. — DATE OF BURIAL: 11/8 1928

20. UNDERTAKER: Freeman Mortuary — ADDRESS: 42 & Baltimore

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.

THIS IS A PERMANENT RECORD