

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.

42051

JAN 28 1929

1. PLACE OF DEATH

County Pike
Township Perry
City (No.)

Registration District No. 688
Primary Registration District No. 5916

File No.
Registered No. 18
St. Ward

2. FULL NAME

Henry Blackwell

(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 25 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

Black

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

Widowed

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

Widowed

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

Jan. 15, 1860

7. AGE

YEARS

68

MONTHS

11

DAYS

13

IF LESS than 1
day, hrs.
or min.

8. OCCUPATION OF DECEASED

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

Farmer

(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)

Pike Co Mo.

10. NAME OF FATHER

Rufus Blackwell

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Pike Co Mo

12. MAIDEN NAME OF MOTHER

Mary Nash Ridd

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Pike Co Mo

14.

INFORMANT
(Address)

George Reading
Frankford Mo

15.

FILED Jan 4, 1929Mathis Ursee

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 28, 1928

17.

I HEREBY CERTIFY, That I attended deceased from Dec 27, 1928, to Dec 28, 1928
that I last saw him alive on Dec 28, 1928, and that
death occurred, on the date stated above, at 9 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy

CONTRIBUTORY
(SECONDARY)

(duration) yrs. mos. da.

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. B. [Signature], M. D.

Jan 6, 1929 (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

Wadell Cem. in Countr. Dec 31, 1928

20. UNDERTAKER

E. A. Fields

ADDRESS

Frankford Mo.

