MAR 21 1929

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

Do not use this space.
5683

1. PLACE OF DEATH
County Callaway, Registration District No. 104
Township ~~Fulton~~, Primary Registration District No. 3008
City Fulton, Mo, (No. ..... St. ..... Ward)
File No. ..... Registered No. 54

2. FULL NAME Alta Ona Blackburn,

(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 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)
Female	White	Married,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W3

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct, 29th, 1898

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	30	3	22	

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 employer) DO
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Mo,

PARENTS
10. NAME OF FATHER Sam Steward,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Mo,
12. MAIDEN NAME OF MOTHER Marine Steward,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Mo,

14. INFORMANT W, F, Blackburn,
(Address) Fulton, Mo,

15. FILED Feb 21, 19 29 R. N. Crews
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 21st 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec. 26th, 19 28, to Feb 21, 19 29 that I last saw her alive on Feb 21st 19 29, and that death occurred, on the date stated above, at About 4, 45P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberculosis pulmonary
(duration) ..... yrs. ..... mos. Don't Know ds.
CONTRIBUTORY (SECONDARY) Influenza
(duration) ..... yrs. ..... mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Don't Know
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? P.E. Microscopical exam
(Signed) Greene D. McCall, M. D
, 19 (Address) Fulton 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 Hillcrest Cemetery, — DATE OF BURIAL 2/23/29 19

20. UNDERTAKER Herndon-Taylor Furn-co — ADDRESS Fulton, 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.

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