

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD! 49 17 7

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.

6965

1. PLACE OF DEATH

County Jasper
Township Webb
City Webb City (No. _____) St. _____ Ward)

Registration District No. 417
Primary Registration District No. 3021

File No. _____
Registered No. 22

2. FULL NAME

Agnes Mae Blackburn
(a) Residence. No. James Street Hospital Ward. _____
(Usual place of abode)

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

Female

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

R. L. Blackburn

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

April 26, 1888

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>40</u>	<u>9</u>	<u>12</u>	

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN)

Expenseville
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER

J. K. D. Doty

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Tenn.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Mary Neal

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Tenn.
(STATE OR COUNTRY)

14.

INFORMANT Mrs. Minnie Blackburn
(Address) James Street Hospital

15.

FILED 7/8 1929 R. M. Stormont
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 7 1929

17. I HEREBY CERTIFY, That I attended deceased from _____, 1929, to _____, 1929, that I last saw her alive on _____, 1929, and that death occurred, on the date stated above, at _____, 6:56 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General Peritonitis following Appendectomy & Gastro Enterostomy for Carcinoma of Pylorus & Duodenum

CONTRIBUTORY (SECONDARY) Ulcer (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 12.6.28
IF NOT AT PLACE OF DEATH James Street Hosp. Webb City Mo

DID AN OPERATION PRECEDE DEATH? yes DATE OF 12-29-1929

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Webb City Mo

20. UNDERTAKER Webb City 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.

DATE OF BURIAL 2/10 1929

ADDRESS Webb City Mo

