

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

Do not use this space.

1. PLACE OF DEATH

County Camden Registration District No. 655
Township Cathy Primary Registration District No. 4392
City Steele (No. _____) St. _____ Ward _____

File No. 25407-9
Registered No. _____

2. FULL NAME

Edwin M. Blalock
(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. 4 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) Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-31-29

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
4

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

9. BIRTHPLACE (CITY OR TOWN) Steele
(STATE OR COUNTRY) mo

10. NAME OF FATHER James Blalock

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Empora
(STATE OR COUNTRY) Miss

12. MAIDEN NAME OF MOTHER Bessie Paulk

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Rubidick
(STATE OR COUNTRY) Miss

14. INFORMANT J. B. Blalock
(Address) Steele mo

15. FILED 7/31 1929 Max P. Kelly
Kelly REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 31 1929

17. I HEREBY CERTIFY, That I attended deceased from vr
all Summer 1929 to July 31 1929
that I last saw him alive on July 30 1929 and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Starvation
168
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) 1929
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

19. WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. P. McDaniel M. D.
, 19 _____ (Address)

*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.

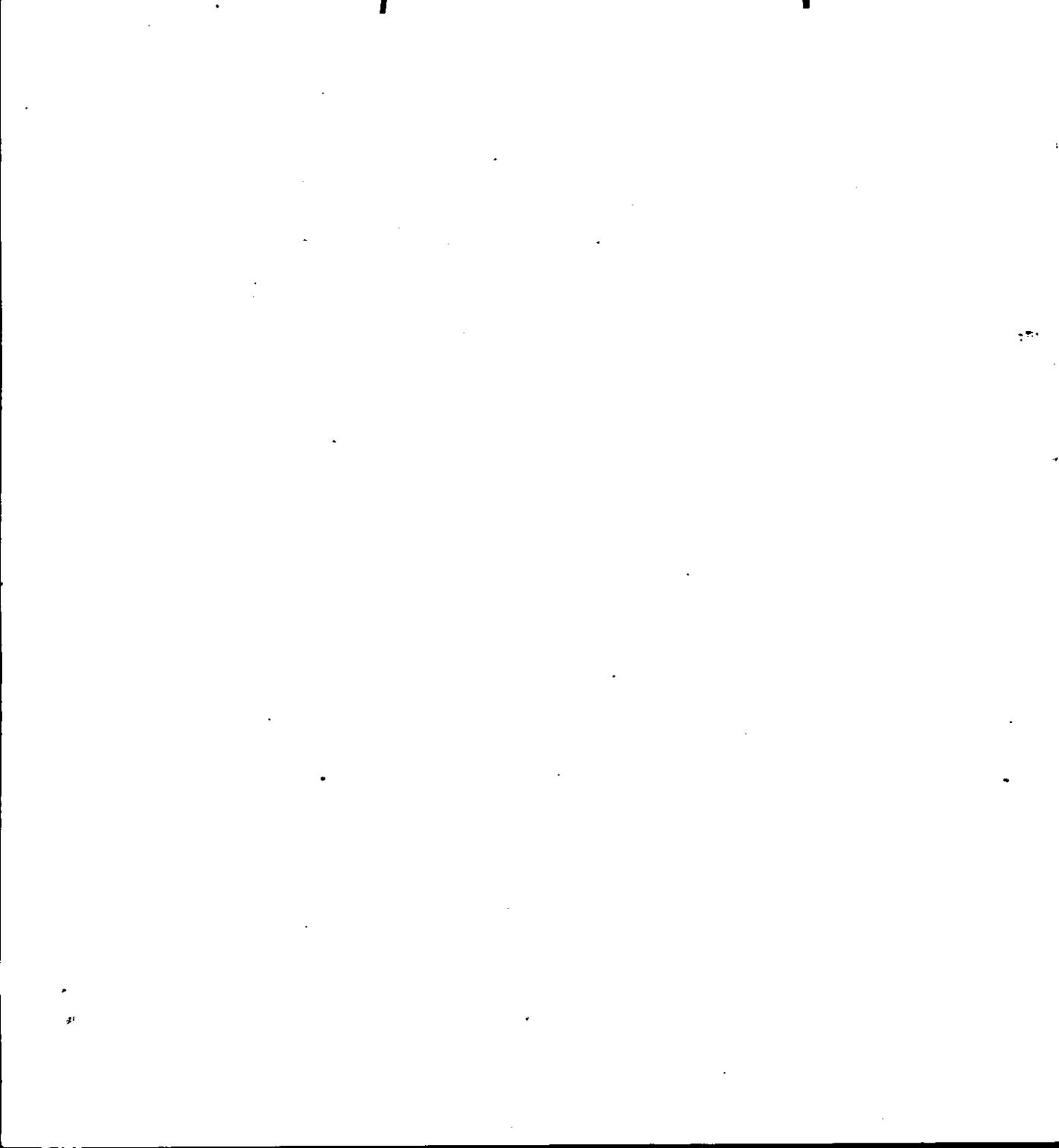
19. PLACE OF BURIAL, CREMATION, OR REMOVAL mt Zion cem DATE OF BURIAL 8-1 1929

20. UNDERTAKER Garrison and Co ADDRESS Steele 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.

78
2-2-29

1
2



cated by check marks, lacking from the death certificate:

Name: Evlen M. Blalock

Who died at: Steele, Mo. on July 31, 1929.

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

CAUSE OF DEATH: Starvation

~~Inability to simulate food.~~

Contributory: _____

Where was disease contracted? _____

S-25407-A