

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

Do not use this space.

In Hackson
34825

1. PLACE OF DEATH

County St. Charles Registration District No. 757
Township _____ Primary Registration District No. 3036
City St. Charles (No. 1103 Locust) St. _____ Ward _____

File No. _____
Registered No. 156
St. _____ Ward _____

2. FULL NAME

John Immford Blackwell
(a) Residence No. 1103 Locust 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 Male 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 Willie Inansfield
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 19-1898
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 10 4
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) Virginia

10. NAME OF FATHER Immford Blackwell

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

12. MAIDEN NAME OF MOTHER Mary Bates

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

14.

INFORMANT B. H. Jolly
(Address) 1103 Locust St

15.

FILED 10/25/1929 By H. Bloebaum
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 23 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept 18 1929 to Oct 23 1929
that I last saw him alive on Oct 23 1929 and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Artero Sclerosis

CONTRIBUTORY (SECONDARY)

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) I. P. Hardier M. D.

Oct 24 1929 (Address) St Charles 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
Williswood Cemetery Oct 25 1929

20. UNDERTAKER ADDRESS
W. D. Alamy St. Louis Mo 500 N 2nd St

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.

1884

1000
1000
1000

1000
1000
1000

1000

1000

1000

1000

1000

1000

1000

1000

1000