

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

Do not use this space.

36598

1. PLACE OF DEATH

County Cass Registration District No. 15
Township Grand River Primary Registration District No. 4090
City Harrisonville (No. _____) St. _____ (Ward)

File No. _____
Registered No. 60

2. FULL NAME

Mary Jane Thornton Blackmon
(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 10 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 Thomas M Blackmon

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 17 - 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 3 27

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(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) Cook Co. Mo

10. NAME OF FATHER Joseph Thornton

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

12. MAIDEN NAME OF MOTHER Martha Fleeman

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

14. INFORMANT J. F. Thornton
(Address) Jenico Springs, Mo.

15. FILED Nov 14 1929 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10/14 1929
17. I HEREBY CERTIFY, That I attended deceased from Nov 10 1929, to my 14 1929, that I last saw her alive on Nov 13, 1929, and that death occurred, on the date stated above, at 2:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Nephritis with Uræmic Coma
131
132 B (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 129 a (duration) yrs. mos. ds.

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

8 DID AN OPERATION PRECEDE DEATH? DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. Scott, M. D.

. 19 (Address) Harrisonville 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
Crescent Hill Cemetery 11/10 1929

20. UNDERTAKER ADDRESS
Kennethburg Bros & Co Harrisonville

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.

J. Scott

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SEARCHED	INDEXED
SERIALIZED	FILED
APR 19 1964	
FBI - MEMPHIS	

TO : SAC, MEMPHIS (44-1987) (P)
FROM : SAC, JACKSON (44-1987) (P)
SUBJECT: MURKIN; CIVIL RIGHTS; RACIAL MATTERS; DR. MARTIN LUTHER KING, JR.; MURKIN; CIVIL RIGHTS; RACIAL MATTERS; DR. MARTIN LUTHER KING, JR.

RE JACKSON TELETYPE TO MEMPHIS APRIL 17, 1964.
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