

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

Do not use this space.

38208

1. PLACE OF DEATH

County St. Francois

Registration District No. 775

Township Perre

Primary Registration District No. 0020

City Perre (No.)

File No.

Registered No. 84

St. Ward)

2. FULL NAME

Dallie Ann Blackwell

(a) Residence. No. Bonne Terre, Mo. 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.

da.

How long in U.S., if of foreign birth?

yrs.

mos.

da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widow

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

Richard A. Blackwell

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

January 5 1849

7. AGE

80 YEARS

10 MONTHS

7 DAYS

OR LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

St. Francois

(STATE OR COUNTRY)

Mo.

10. NAME OF FATHER

Austin Galen

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Unknown

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Unknown

(STATE OR COUNTRY)

14.

INFORMANT

(Address)

Ray Settle
Bonne Terre Mo. Am

15.

FILED

11/23 29

J. C. Stone
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

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

Nov. 12 1929

17.

I HEREBY CERTIFY, That I attended deceased from Nov. 6, 1929, to Nov. 11, 1929, that I last saw her alive on Nov. 11, 1929, and that death occurred, on the date stated above, at 6:20 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Nephritis

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, ST. Home

DID AN OPERATION PRECEDE DEATH? (Yes or No)

No

WAS THERE AN AUTOPSY?

No

WHAT TEST CONFIRMED DIAGNOSIS?

Examination

(Signed)

Lee S. Suley

M. D.

11-13, 1929 (Address)

Bonne Terre

*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

Moonton Cemetery

Nov 14 1929

20. UNDERTAKER

ADDRESS

P. A. Benham

Bonne Terre

CRUOE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION as stated EXACTLY. PHYSICIANS should state cause of death in plain terms, so that it may be properly classified. Exact statement of OCCUPATION as stated EXACTLY.

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94

