

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

39720

85

1. PLACE OF DEATH

County Duncanham

Registration District No.

Township St. JosephPrimary Registration District No. 1001City St. Joseph(No. State Hospital for Insane # 2 St. Ward)

File No.

Registered No.

1398

2. FULL NAME

Harriett E. Blackwell(a) Residence, No. State Hosp. # 2, St. Joseph, Mo. St., ... Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 19 yrs. 10 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

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

Femalewhitesingle

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1

day, ... hrs.

or ... min.

65Unknown

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Inmate State Hosp.

(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)

Not known

10. NAME OF FATHER

William Blackwell

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

14.

INFORMANT

(Address)

Fred H. CampbellRichmond, Mo.

15.

FILED

19

12/8/29 John E. Utz

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) December 6, 1929

17.

I HEREBY CERTIFY, That I attended deceased from

May 5, 1929, to December 6, 1929that I last saw h.e.a. alive on December 5, 1929, and thatdeath occurred, on the date stated above, at 5:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Senility

CONTRIBUTORY (SECONDARY)

Arterio Sclerosis(duration) Several yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH at place of deathDID AN OPERATION PRECEDE DEATH? No DATE OF 6WAS THERE AN AUTOPSY? NoWHAT TEST CONFIRMED DIAGNOSIS? Clinical findings(Signed) George W. Farmer M. D.Dec 6, 1929 (Address) State Hosp. # 2 St. Joseph, 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

Lathrop, Mo.Dec. 7 1929

20. UNDERTAKER

ADDRESS

Heaton-Begole & Bowman349 S. 10Funeral Home

