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

Do not use this space.

7280

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 2164

City St Louis (No. Mo Baptist Hospital St. ..... Ward)

2. FULL NAME Lillian H. Blackburn

(a) Residence. No. 7121 Cornell Ave 72 Ward. Kinnisey - City - Mo
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 24 - 1871

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	58	9	4	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at home
(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) Miss.

PARENTS

10. NAME OF FATHER Wm F. Hebert
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ga
12. MAIDEN NAME OF MOTHER Georgia Frank
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ga

14. INFORMANT E. E. Singleton
(Address) 7121 Cornell

15. FILED ..... 19.. Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 28 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1930, to Feb. 28, 1930 that I last saw her alive on Feb. 28, 1930, and that death occurred, on the date stated above, at 8.30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis. (Uremia) due to Chronic Myocarditis
(duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Removal of Gall Bladder for Chronic Cholecystitis (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? yes DATE OF Feb. 25-30
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical & Laboratory
(Signed) Fred S. Gibbs, M. D.
Mar 1st 1930 (Address) 5321 Easton

*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
Oak Grove	March 3 1930
20. UNDERTAKER	**ADDRESS**
Wagoner Mud Co	3621 Olive

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.

Dr F. E. Gibbs 5325 Easton