

APR 30 1930

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

Do not use this space.

11289

1. PLACE OF DEATH

County *Saline*  
Township  
City *Marshall* (No. ....)

Registration District No. *796*  
Primary Registration District No. *3038*

File No. ....  
Registered No. *38*  
St. .... Ward)

2. FULL NAME

*Lela Pauline Blackwell*

(a) Residence. No. .... St. .... Ward. ....  
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *3/17 1930*

17. I HEREBY CERTIFY, That I attended deceased from *3/17 1930* to *3/17/1930*, 19*30* that I last saw him alive on *3/17/30*, 19*30*, and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
*Premature birth*

159 (duration) yrs. mos. ds. *1 hour*  
CONTRIBUTORY (SECONDARY) *1612* (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? *no* DATE OF .....

WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) *J. H. Hayes* M. D.  
*3/17 1930* (Address) *Marshall, 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 *Ridge Park Cem* DATE OF BURIAL *Mar. 19 1930*

20. UNDERTAKER *L. R. Vandiner* ADDRESS *Marshall Mo.*

3. SEX *Female*  
4. COLOR OR RACE *W*  
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *S*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Mar. 17 1930*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
*0*

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *Marshall Mo.* (STATE OR COUNTRY)

10. NAME OF FATHER *Paul Blackwell*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Saline Mo.* (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER *Ruth Kelly*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Kansas City Mo.* (STATE OR COUNTRY)

14. INFORMANT *Paul Blackwell* (Address) *Marshall Mo.*

15. FILED *3-22-30* *Mrs. John H. McQuire* REGISTRAR

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

