

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

Do not use this space.

11508

**1. PLACE OF DEATH**

County Wayne  
Township Millersburg  
City Millersburg (No. .... St. .... Ward)

Registration District No. 895  
Primary Registration District No. 6197

File No. ....  
Registered No. 6

**2. FULL NAME**

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

Length of residence in city or town where death occurred 5 1/2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

**3. SEX**

Male

**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**

Synthia Blackwell

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

June 1, 1851

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, .... hrs. or .... min.

78

9

25

**8. OCCUPATION OF DECEASED**

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

Farmer

(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)**

North Carolina

PARENTS

**10. NAME OF FATHER**

Stephen Blackwell

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

North Carolina

**12. MAIDEN NAME OF MOTHER**

Mary Arnold

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

North Carolina

**14. INFORMANT (Address)**

J. Blackwell  
Millersburg, Mo.

**15. FILED**

3/28, 19

Ron J Owens

REGISTRAR

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

3/26, 1930

**17.**

WE HEREBY CERTIFY, That I attended deceased from 1929, 1930, to July, 1930, that I last saw him alive on 3-26-30, and that death occurred, on the date stated above, at 8:55 a.m.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

Mys Carditis

**CONTRIBUTORY (SECONDARY)**

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Ron J Owens, M. D.

3/27, 1930 (Address) Millersburg, 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**

Wt. Pleasant

3/28, 1930

**20. UNDERTAKER**

Address  
Richmond  
Mo.

Gish and co.

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

