

NOV 26 1930

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

Do not use this space.

33871

1. PLACE OF DEATH

County Ray Registration District No. 744
 Township Richmond Primary Registration District No. 3035
 City Richmond (No. _____) St. _____ Ward _____

2. FULL NAME

Joseph Allen 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 8, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
74 7 26

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Caldwell Co Mo
 (STATE OR COUNTRY)

10. NAME OF FATHER Clarke Blackwell
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't Know
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Eliabeth Blackwell
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't Know
 (STATE OR COUNTRY)

14. INFORMANT Willard Blackwell
 (Address) Richmond Mo

15. FILED 10-11-30 C. C. Day REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 4, 1930

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw him alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Infantile 7 R
23 A

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF _____WAS THERE AN AUTOPSY? NoWHAT TEST CONFIRMED DIAGNOSIS Regular(Signed) E. J. Green, M. D.1930 (Address) Richmond 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

Sunny SlopeOct 6 1930

20. UNDERTAKER

ADDRESS Richmond Mo
Alman

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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

