

UTC 22 1930

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

Do not use this space.

37040

1. PLACE OF DEATH

County Pike  
Township Calumet  
City (No. ....) (St. ....) (Ward)

Registration District No. 685  
Primary Registration District No. 3-952 B

File No. 21  
Registered No. 32

2. FULL NAME

Lula May Blackorby  
(a) Residence, No. .... St. .... Ward. ....  
(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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 12 - 1928

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
1 8 25

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Child  
(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) Pike Co Mo

10. NAME OF FATHER Geo Blackorby

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

12. MAIDEN NAME OF MOTHER Lda Tripplett

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Lincoln Co Mo

14. INFORMANT Geo Blackorby (Address) W. Canada Ind

15. FILED Dec 1 1930 W. H. Traubway REGISTER

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 7 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 7 1930, to Nov 7 1930, that I last saw h. .... alive on Nov 7 1930, and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Dysentery  
130  
160  
(duration) .... yrs. .... mos. .... ds.  
CONTRIBUTORY (SECONDARY) 160  
(duration) .... yrs. .... mos. .... ds.

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

8 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....  
WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) J. Brown Meuel M. D.  
Nov 7 1930 (Address) Clum 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 Dover Cemetery DATE OF BURIAL 11-8-30

20. UNDERTAKER L. H. Brown ADDRESS Clarksville

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.

Charmsville

1891