

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

Do not use this space.

40158

**PLACE OF DEATH**

County Monroe

Registration District No. 582

File No. \_\_\_\_\_

Township \_\_\_\_\_

Primary Registration District No. 4344

Registered No. 50

City Paris (No. \_\_\_\_\_)

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(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 5 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

widowed

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

George Blackwell

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

Apr. 28, 1858

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1

72

7

11

day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

**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)

Mo.

**10. NAME OF FATHER**

Robert White

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

(STATE OR COUNTRY)

Mo.

**12. MAIDEN NAME OF MOTHER**

Mandy Bates

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

(STATE OR COUNTRY)

Mo.

**14. INFORMANT**

(Address)

Mrs. Ida Miller  
Paris, Mo.

**15.**

FILED

12/9, 1930

H. C. Payne  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** 12 / 9 1930

**17. I HEREBY CERTIFY, That I attended deceased from** Nov. 28, 1930, to Dec. 9, 1930, that I last saw her alive on Dec. 8, 1930, and that death occurred, on the date stated above, at 2:45 P. m.

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

Apoplexia

82H

(duration) \_\_\_\_\_ yrs. mos. ds.

**CONTRIBUTORY (SECONDARY)**

(duration) \_\_\_\_\_ yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

at home

**DID AN OPERATION PRECEDE DEATH?** NO DATE OF ✓

WAS THERE AN AUTOPSY?

NO

WHAT TEST CONFIRMED DIAGNOSIS?

Clinical

(Signed)

J. F. Elynt

M. D.

12/9, 1930 (Address) Paris, 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**

Salem

12/10 1930

**20. UNDERTAKER**

**ADDRESS**

Speed & Blakey

Paris, Mo.

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.

JAN 20 1931

