

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.

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

Do not use this space.

1135

1. PLACE OF DEATH

County Jackson
Township Blue
City Independence (No. 1711 Earleton)

Registration District No. 398
Primary Registration District No. 5554

File No. _____
Registered No. 27
St. _____ Ward) _____

2. FULL NAME

Catherine Ann Blackwell
(a) Residence. No. 1711 Earleton 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 10 - 1896

7. AGE YEARS 84 MONTHS 6 DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) St. Charles
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Wm. L. Lanningham

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

12. MAIDEN NAME OF MOTHER Elizabeth Lanningham

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

14. INFORMANT Miss Clara Blackwell
(Address) 1711 Earleton

15. FILED 1-16-31 72 Cook REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-15-1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1930, to Jan 14, 1931, that I last saw him alive on Jan 14, 1931, and that death occurred, on the date stated above, at 12:00 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hyperstatic Pneumonia
Broncho

(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY Chronic Endocarditis
(SECONDARY) Hypertension (Blood)
5 yrs. (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH No
DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS Symptoms
(Signed) T. J. Miller, M. D.
1-16-1931 (Address) Independence

*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 Memorial Park DATE OF BURIAL Jan. 17 1931
20. UNDERTAKER Mrs. C. L. Foster ADDRESS City

Carl bldg In - 142
818 W Waldo In - 574
H 5pm