

MAR 23

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

Do not use this space.

4736

File No. ~~4736~~ 8
Registered No. ~~4736~~ 8
St. _____ Ward _____

1. PLACE OF DEATH

County Caldwell Registration District No. 92
Township Revere Primary Registration District No. 4055
City Braymer (No. _____ St. _____ Ward _____)

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward Braymer Mo.
(Usual place of abode)
Length of residence in city or town where death occurred 5 yrs. 4 mos. 4 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) widowed
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF L. M. Blackman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 4, 1885
7. AGE YEARS 75 MONTHS 8 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 234
10. Date deceased last worked at this occupation (month and year) Oct. 1925 11. Total time (years) spent in this occupation 56

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana 2

13. NAME Jonathan Osborn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Revere, Indiana

15. MAIDEN NAME Mary Ann Mac Donald
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland

17. INFORMANT Mrs. D. E. Perry
(ADDRESS) Braymer, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lurline DATE Feb. 22 1931

19. UNDERTAKER Mrs. B. D. Mead
(ADDRESS) Braymer Mo.

20. FILED May 21, 1931 H. H. Patterson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb - 19 - 1931

22. I HEREBY CERTIFY, That I attended deceased from March 1929 to February 1931
I last saw h. w. alive on February 19, 1931 Death is said to have occurred on the date stated above, at 1930 4 AM.
The principal cause of death and related causes of importance were as follows:

Carcinoma of the liver Date of onset 1929
HBE 4/6 E

Other contributory causes of importance:

0 None Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify Arterial B. N. Hooker M. D.
(Signed) Braymer Mo.
(Address) _____

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