

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

Do not use this space.

17281

1. PLACE OF DEATH

County Callaway,
Township Fulton,
City..... (No....., Ward.....)

Registration District No. 104
Primary Registration District No. 5153

File No.....
Registered No. 109 St. Ward.....

2. FULL NAME Mrs. Maggie Blackburn,

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married,

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2, 1931

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wife of Charles Blackburn

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1931, to May 2, 1931

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

23. I last saw her alive on May 2, 1931 Death is said

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 48 - - -

to have occurred on the date stated above, at 11 p.m.

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife,

Gunshot wounds right side chest and right side neck. Fracture lower jaw (homicide)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Do 235

Other contributory causes of importance:

10. Date deceased last worked at this occupation (month and year) Dont Know 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa,

13. NAME Dont Know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

15. MAIDEN NAME Dont Know,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

17. INFORMANT A. M. Kestler,
(ADDRESS) Stevens Mo,

18. BURIAL, CREMATION, OR REMOVAL PLACE Mystic, Iowa DATE May 3rd, 1931

19. UNDERTAKER Herndon-Taylor Furn-Co,
(ADDRESS) Fulton, Mo,

20. FILED May 3rd 1931 R. N. Crews
Registrar.

Name of operation..... Date of operation.....
What test confirmed diagnosis Physical Examination Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Homicide Date of injury 5-2-31

Where did injury occur? Depue Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Gunshot wounds

Nature of injury Fatal

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify R. M. Hall
(Signed) (Coroner) Fulton Mo, M. D.
(Address)

N. B.—Every item of information should be carefully supplied. AGE should be stated in plain terms. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

JUN 24 1931

