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

Do not use this space.

22848

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 10 Registered No. 6276

City St. Louis (No. 3667, Cleveland ave St. ..... Ward)

2. FULL NAME Norman V. Blackford

(a) Residence. No. 3667 Cleveland St., 16 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Eva Blackford

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8-13-1894

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
36	9	20	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Steel Melter
(b) General nature of industry, business, or establishment in which employed (or employer) Mo. Fire Brick Co
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER George Blackford
11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis Co.
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Carrie Wash
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Do not know
(STATE OR COUNTRY)

14. INFORMANT Eva Blackford
(Address) 3667 Cleveland

15. FILED JUN 3, 1931 Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6 — 2 1931

17. I HEREBY CERTIFY, That I attended deceased from May 27, 1931 to June 2, 1931 that I last saw him alive on June 2, 1931, and that death occurred, on the date stated above, at 6.30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Double Lobar Pneumonia

108 (duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (SECONDARY) 108 (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH —

DID AN OPERATION PRECEDE DEATH? no DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? physical & clinical findings

(Signed) A. L. Hertel M. D.

6/4, 1931 (Address) 3608 S. Grand Blvd.

*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
Valhalla Cem.	6-5 1931

20. UNDERTAKER	ADDRESS
Henry Heier 2223 S. Grand	

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.