

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

Do not use this space.

27811-a

1. PLACE OF DEATH

County Clinton Co.
Township.....
City Pittsburg Mo. (No.) St. Ward

Registration District No. 707
Primary Registration District No. H 20

File No. 19
Registered No. 27

2. FULL NAME

Martha Catharine 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 60 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 Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 22 - 1853

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>78</u>	<u>yr</u>	<u>6</u>	<u>8</u>	<u>1/2</u>

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Cook</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>Cooking</u>
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	<u>60 yr</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ken

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ken

15. MAIDEN NAME Lightfoot

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ken

17. INFORMANT (ADDRESS) Ferna H. Matty, Chicago Ind.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pittsburg Mo DATE Sept 1 1931

19. UNDERTAKER (ADDRESS) Pittsburg Mo

20. FILED Sept 1 1931 Registrar E. J. ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 30 1931

22. I HEREBY CERTIFY, That I attended deceased from March 1931 to Aug 9 1931

I last saw her alive on Aug 9 1931. Death is said to have occurred on the date stated above, at about 4 p.m.

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

Angina Pectoris
94 A
112
94 A
Other contributory causes of importance: asthma

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify
(Signed) E. J. ... M. D.
(Address) Pittsburg Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

