

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

Do not use this space.

28947

**1. PLACE OF DEATH**

County Newton  
Township Van Buren  
City Newton

Registration District No. 612  
Primary Registration District No. 5-814

File No. ....  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

William Robert B Blackshear

(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 25 yrs. - mos. - ds. How long in U. S., if of foreign birth? ✓ yrs. ✓ mos. ✓ ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jane - B Blackshear  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 8 - 1862  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 69 0 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming/land  
10. Date deceased last worked at this occupation (month and year) May 2 - 1931 11. Total time (years) spent in this occupation 52

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La -

13. NAME Don't know

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

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. Don't know

17. INFORMANT Mrs. Norma Tollett  
(ADDRESS) 1111 W 210 R-41

18. BURIAL, CREMATION, OR REMOVAL  
PLACE New Burial Cent DATE Aug-13-31

19. UNDERTAKER Roy Thayer  
(ADDRESS) Sarcelie mo

20. FILED Aug 13, 1931 Grace Hudson  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 12 1931  
22. I HEREBY CERTIFY, That I attended deceased from June 17, 1921, to Aug 12, 1931  
I last saw him alive on Aug 12, 1931. Death is said to have occurred on the date stated above, at 11:40 A.M.  
The principal cause of death and related causes of importance were as follows:

Angina Pectoris  
1928  
1929  
1931  
920  
Other contributory causes of importance:  
arterio Sclerosis

Name of operation ..... Date of .....  
What test confirmed diagnosis? none 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 .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify  
(Signed) B.T. Cheatham, M. D.  
(Address) Diamond 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.

SEP 24 1931

To Mr. Shearman  
THOM.  
To Mrs. Hudson  
Lynch Road