WHITE 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.

NOV 24 1931

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

34032

1. PLACE OF DEATH
County Daviess — Registration District No. 255 — File No.
Township Colfax — Primary Registration District No. 5352 — Registered No. 17
City (No. St. Ward)

2. FULL NAME Charlotte Ellen Blackburn
(a) Residence. No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: Female
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: Frank Blackburn

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec. 8 1857

7. AGE: YEARS 73 — MONTHS 10 — DAYS 5 — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: at home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

PARENTS
10. NAME OF FATHER: John H. McCutcheon
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): not known
12. MAIDEN NAME OF MOTHER: Margaret Kunkle
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): New York

14. INFORMANT: Mr Frank Blackburn
(Address) Weatherby Mo

15. FILED 10/14 1931 D McClagett REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct. 13 1931

17. I HEREBY CERTIFY, That I attended deceased from Aug 12, 1929 to Oct 13, 1931 that I last saw her alive on Oct 9, 19 and that death occurred, on the date stated above, at 1 40 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis Chronic
93C (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 93C (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?
(Signed) J. A. Franklin, M. D.
10-14, 1931 (Address) Cameron Mo

*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: Graceland Cemetery — DATE OF BURIAL: 10/15 1931

20. UNDERTAKER: J W Boland — ADDRESS: Cameron