

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

Do not use this space.

6242

**1. PLACE OF DEATH**

County ..... Registration District No. 782  
 Township St. Louis N Primary Registration District No. 10033  
 City St. Louis N (No. Four Route to Kelly Way #1)

File No. ....  
 Registered No. 1272  
 St. .... Ward)

**2. FULL NAME**

(a) Residence, No. .... St., 23 Ward. Mr. Vernon Ind  
 (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lessley Blackburn</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>7-4-1905</u>		
7. AGE	YEARS	MONTHS
	<u>26</u>	<u>6</u>
		DAYS
		<u>3</u>
		IF LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Painter</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Self 69</u>
	10. Date deceased last worked at this occupation (month and year) .....
	11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana 2

MOTHER FATHER 13. NAME Arthur Blackburn

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

15. MAIDEN NAME Fannie Oliver

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

17. INFORMANT Lessley Blackburn  
 (ADDRESS) Mr. Vernon Ind

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Mr. Vernon Ind DATE 2-10-32

19. UNDERTAKER Zengerlin Bros.  
 (ADDRESS) 2821 Charlotte St.

20. FILED Feb - 8 1932  
 (Address) St. Louis, Mo.  
 Registrar

**NO PHYSICIAN IN ACCENDENCE**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from .....

19....., 19....., to .....

I last saw h..... alive on .....

19..... Death is said to have occurred on the date stated above, at 8:30 a.m.

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

2SA

Pulmonary Tuberculosis

Other contributory causes of importance: 2 3 4

Name of operation .....

Date of .....

What test confirmed diagnosis? .....

Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? .....

Date of injury .....

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? .....

If so, specify John G. Burrell  
 (Signed) Opiey Coroner M.D.  
 (Address) 218/220

COPY WITH OUTFRING 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.

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