

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.

MAY 28 1932

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

Do not use this space.

11734

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township _____ Primary Registration District No. 1001
City St. Joseph (No. Missouri Methodist Hospital)

File No. _____
Registered No. 415
St. _____ Ward _____

2. FULL NAME Jennie Alice Blackwell

(a) Residence, No. 3106 Jule street St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 10 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 James H. Blackwell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 13, 1866

7. AGE — YEARS 65 MONTHS 55 DAYS 11 IF LESS than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Smith Co. (STATE OR COUNTRY) Virginia

13. NAME Wm. S. Johnston

14. BIRTHPLACE (CITY OR TOWN) Tazville Co. (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Tazville Co. (STATE OR COUNTRY) Virginia

17. INFORMANT Mrs. Sidney Joffe (ADDRESS) 3106 Jule st St. Joseph Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE April 27 32

19. UNDERTAKER H. C. Siders (ADDRESS) 1802 Union st St. Joseph Mo.

20. FILED APR 26 1932 John R. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 29, 1932, to April 24/32, 1932

I last saw her alive on _____, 19____. Death is said

to have occurred on the date stated above, at 11:45 Pm.

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

Toxic Adenoma of Thyroid Date of onset 1930

663 66E

Other contributory causes of importance: Ch. Ph. conditio ①

Name of operation Thyroidectomy Date of 4/22/32

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 _____, 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) C. H. Mallory, M. D.

(Address) 307 N. 8th St. St. Joseph Mo.

H.D.

