

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

Do not use this space.

16178

1. PLACE OF DEATH

County Jackson
Township Taw
City X. E. Mo

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 1971
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 3804 E. 58th, St. 16 Ward. (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 M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 5 - 1891

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>41</u>	<u>3</u>	<u>9</u>	

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

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

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) X. E. Mo

13. NAME George A. Blackburn

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

15. MAIDEN NAME Sarah Murs

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

17. INFORMANT Sarah Blackburn

18. BURIAL, CREMATION, OR REMOVAL PLACE W. Washington DATE May 16 32

19. UNDERTAKER Rose Henderson

20. FILED 5/15 1932 M. M. Crowl Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14 1932

22. I HEREBY CERTIFY, That I attended deceased from May 7th 1932 to May 14 1932

I last saw him alive on May 9th 1932. Death is said to have occurred on the date stated above, at 6:10 a.m.

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

Influenza Date of onset 5-5-32

920

11B (1)

Other contributory causes of importance: Mitral Regurgitation

Name of operation _____ Date of _____

What test confirmed diagnosis? clinical 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? _____

If so, specify _____

(Signed) W. L. Ray M. D.

(Address) 221 Altrincham Rd

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.

Dr. Frank W. Hall
Albany 301