

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

Do not use this space.

23490

1. PLACE OF DEATH

70 County Montgomery Registration District No. 595
Township Upper Centre Primary Registration District No. 4353
City Wellsville, Mo (No.) St. Ward) 9

62. FULL NAME

Virginia Wilson Blackmore
(a) Residence, No. Wellsville, Mo Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 21-1913

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
19 6 11

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 911

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) Bluffton Mo.

13. NAME (FATHER) Charles Taylor Blackmore

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway Co., Mo.

15. MAIDEN NAME (MOTHER) Clara Fernella Benson

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

17. INFORMANT (ADDRESS) Charles Taylor Blackmore

18. BURIAL, CREMATION, OR REMOVAL PLACE American's DATE 7/2 1932

19. UNDERTAKER (ADDRESS) Barton Patton American's Mo

20. FILED July 2 1932 Mo. O. D. Pruitt Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1 1932

22. I HEREBY CERTIFY, that I attended deceased from June 23 1932 to July 1 1932

I last saw h. alive on July 1 1932 Death is said to have occurred on the date stated above, at 10 P. m.

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

General Septicaemia Date of onset June 25
Streptococcus (hemolytic) 28
multiple pulmonary abscesses 28
Endocarditis 28

Other contributory causes of importance: Foursilateral of the (Streptococcus Hemolytic) June 16-1932

Name of operation None Date of None
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 (D)
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) A. G. Mark M. D.
(Address) Wellsville Mo

MARGIN RESERVED FOR BINDER
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.

JUL 26 1932

