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

Do not use this space

38706

File No. .....

Registered No. 47

1. PLACE OF DEATH

14 County Calloway

Township Auxvasse

City Readsville No. (No. ....., ... St. ..... Ward)

Registration District No. 105

Primary Registration District No. 5135

2. FULL NAME Joe Meadows Blackburn

(a) Residence, No. ..... St., ... Ward. .....
(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.

JAN 22 1933

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): D K

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 3 1908

7. AGE: Years 24 | Months 10 | Days 21 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2

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): Missouri

FATHER

13. NAME: Wm. H Blackburn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER

15. MAIDEN NAME: Kate Meadow

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Henry Blackburn Readsville, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oliver Cemetery DATE Dec 26 1932

19. UNDERTAKER (ADDRESS): Leo G Wallace Fulton, Mo

20. FILED 12-25- 1932 W H Williamson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-24-1932

22. I HEREBY CERTIFY, That I attended deceased from inquest 19..... to held 19.....

I last saw him alive on 12-26-32, 19..... Death is said to have occurred on the date stated above, at ..... m.

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

	Date of onset
Gunshot wound of head	
1 hr	

Other contributory causes of importance: Shot by one Wm Deep Self confessed

Name of operation ..... Date of .....

What test confirmed diagnosis? Physician Was there an autopsy? No

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

Accident, suicide, or homicide? Homicide Date of injury 12-24 1932

Where did injury occur? Near Readsville Mo
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Near home

Manner of injury Gunshot wound

Nature of injury "

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

If so, specify .....

(Signed) R. G. Hall, M. D.

(Address) Fulton Callaway Co Mo

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.