

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.

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

Do not use this space.

MAR 3 1933

1. PLACE OF DEATH

County Pulaski
Township Cullen
City Lennora (No.)

Registration District No. 713
Primary Registration District No. 5742

File No. 2762
Registered No. St. Ward

2. FULL NAME

Lennora Blackburn LENNORA
(a) Residence. No. St. Ward.
(Usual place of abode)

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 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 Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 2nd 1915

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
17 7 10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Apprentice 16
(b) General nature of industry, business, or establishment in which employed (or employer) Hammerwork 46
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

14.

INFORMANT Mary E. Blackburn
(Address) Waymerville

15.

FILED 11/13 1933 C. G. Talbot
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 12th 1933

17. I HEREBY CERTIFY That I attended deceased from death not an immediate death 1933 19 19
that I last saw him alive on 19 19 19 and that death occurred, on the date stated above, at 3 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Vascular Heart Lesion
(Sudden death)

(duration) yrs. mos. ds.
CONTRIBUTORY Arteriosclerosis
(SECONDARY) 1930 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) C. G. Talbot, C. P. Hyman, M. D.11/13 1933 (Address) Waymerville

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Kitchell Ave. 11/13 1933

20. UNDERTAKER

ADDRESS

J. L. Hoops & Sons Waymerville

