

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN 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.

1. PLACE OF DEATH

County Pulaski
Township Roubidoux
City Bloodland (No. _____)

Registration District No. 714
Primary Registration District No. 5944

File No. 40702
Registered No. 12
St. _____ Ward _____

2. FULL NAME

(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sarah Elizabeth Blalock</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 8, 1863</u>		
7. AGE YEARS <u>70</u>	MONTHS <u>2</u>	DAYS <u>20</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u> 111	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Crops</u> 114	
	10. Date deceased last worked at this occupation (month and year) <u>Dec 1931</u>	
11. Total time (years) spent in this occupation <u>54</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>		
FATHER	13. NAME <u>James Harvey Blalock</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
MOTHER	15. MAIDEN NAME <u>Mary Jane Holman</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>	
17. INFORMANT (ADDRESS) <u>Ethel Blalock</u> <u>Bloodland, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Friendship Cem.</u> DATE <u>Mar. 29, 1933</u>		
19. UNDERTAKER (ADDRESS) <u>C. L. Vaughn & Son</u> <u>Bloodland, Mo.</u>		
20. FILED <u>4-10-</u> 19 <u>33</u> <u>J. D. Roonce</u> Registrar.		

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 28, 1933

I HEREBY CERTIFY That I attended deceased from March 28, 1933 to March 28, 1933

I last saw him alive on March 28, 1933 Death is said to have occurred on the date stated above, at 3:15 A.M.

The principal cause of death and related causes of importance were as follows:
Conjestion and Hemiplegia
of the lungs due to
Binocular Curvature
of the spine

Other contributory causes of importance:
Unknown

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) W. D. Bell, M. D.
(Address) Cracker Mo

