

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.

MAY 22 1933

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

Do not use this space.

12733

1. PLACE OF DEATH

County Clinton Registration District No. 706
 Township Lathrop Primary Registration District No. 4124
 City Lathrop Mo (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 7

2. FULL NAME Alfred Ernest Blackwood

(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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 23 1876

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
56 11 2

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. carpenter
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) September last 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Victoria Illinois

MOTHER / FATHER
 13. NAME Lorenzo Daw Blackwood

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) London England

15. MAIDEN NAME Emily Williams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) London England

17. INFORMANT (ADDRESS) Mrs Ada Bowles

18. BURIAL, CREMATION, OR REMOVAL PLACE Lathrop, Mo. DATE 4-3 19. 33

19. UNDERTAKER (ADDRESS) L. B. Dunsen

20. FILED 4-3 19 33 E. B. Dunsen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 2 19 33

22. I HEREBY CERTIFY, That I attended deceased from Mar 27 19 33, to Apr 2 19 33.
 I last saw him alive on Apr 2 19 33 Death is said to have occurred on the date stated above, at 11 A. m.

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

Apoplexy
1932 J. B. Dunsen
 Date of onset 7-27-33

Other contributory causes of importance:
Hypertension

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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? no
 If so, specify _____
 (Signed) E. B. Dunsen M. D.
 (Address) Lathrop Mo

