

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

Do not use this space.

16539

1. PLACE OF DEATH

County Jackson Registration District No. 389 File No. 1-2020
Township Law Primary Registration District No. 1001 Registered No. 2020
City Kansas City (No. 12) General Hosp St. _____ Ward _____

2. FULL NAME

Isaac Blacketer
(a) Residence, No. 2909 Springfield Ave Ward _____ (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 Julia

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 5 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 4 5

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

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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

13. NAME Jacob Blacketer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Jane Middleton

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

17. INFORMANT Reverend Clerk

(ADDRESS) 12 C Gen Hosp. K.C. Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Forest Hill DATE 5/12/33

19. UNDERTAKER Mrs. C. F. Forester

(ADDRESS) 918 Broadway Ave

20. FILED May 11, 1933 M. M. Morrow
Asst. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-10 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-8 1933 to 5-10 1933

I last saw him alive on 5-10 1933 Death is said to have occurred on the date stated above, at 9:45 a.m.

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

Epidemic cerebro-spinal meningitis

Date of onset

Other contributory causes of importance: 13 18

Name of operation _____ Date of _____

What test confirmed diagnosis? Culture Was there an autopsy? Yes

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?

If so, specify _____

(Signed) J. H. Jensen, M. D.

(Address) 12 C Gen Hosp

5-10 1933 K.C. Mo

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.

