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.

JUN 23 1933

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

Do not use this space.

17352

File No. .....

Registered No. 40

1. PLACE OF DEATH

18

County Pemiscot

Township Little Prairie

City ~~Caruthersville~~ (No. ....., ... St. ..... Ward)

Registration District No. 651

Primary Registration District No. 5862

2. FULL NAME Died Unnamed ~~Blackburn~~ Blackman

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: Col

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5/4

7. AGE: YEARS 0 MONTHS 0 DAYS 0 If LESS than 1 day, 7 hrs. or ..... min.

OCCUPATION

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) ✓

FATHER

13. NAME Rosevelt Blackman

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

MOTHER

15. MAIDEN NAME Katie Davis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ripley Tenn.

17. INFORMANT (ADDRESS) Rosevelt Blackman Caruthersville, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE In garden in boot DATE 5/5 1933

19. UNDERTAKER (ADDRESS) Friends Caruthersville, Mo.

20. FILED May 9, 1933 Ada Martin
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/4 1933

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

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10:30 a.m.

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

Undetermined

Lived only 7 hrs.

158

Date of onset

Other contributory causes of importance:

Weakness

2000

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? .....

If so, specify Fred L. Ogilvie, H. D.

(Signed) ~~Cora Whitt~~ Midwife, M. D.

(Address) Caruthersville, Mo.