

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.

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 399

Primary Registration District No. 1002

File No. 19774
Registered No. 2489
St. _____ Ward _____

2. FULL NAME

Frank McMecham Blackwell

(a) Residence, No. _____ St. _____ Ward. Willisville Mo
(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 <u>Male</u>	4. COLOR-OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Pearl Blackwell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>11-13-64</u>		
7. AGE <u>68</u>	YEARS <u>7</u>	MONTHS <u>2</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>R.R. Conductor</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Retired</u>
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) <u>Bedford Ind</u>		
13. NAME <u>Dr. Jno. A. Blackwell</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bedford Ind</u>		
15. MAIDEN NAME <u>Carrie Elizabeth Wolf</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Thorfield West Va</u>		
17. INFORMANT (ADDRESS) <u>Mrs. E. P. Blackwell</u> <u>422 S. Kansas Road, Joplin Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Willisville Mo</u> DATE <u>12-7-33</u>		
19. UNDERTAKER (ADDRESS) <u>W. M. M. Funeral Home</u> <u>3146 Main St.</u>		
20. FILED <u>6-15</u> , 19 <u>33</u> <u>Moncrose</u> <u>East</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-15, 1933

22. I HEREBY CERTIFY That I attended deceased from May 26, 1933 to June 16, 1933

I last saw him alive on 6-15, 1933. Death is said to have occurred on the date stated above, at 7:55 a.m.

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

Other contributory causes of importance:
Carcinoma of Sigmoid

Name of operation Colostomy Date of _____

What test confirmed diagnosis autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 0 Date of injury _____, 19____

Where did injury occur? 0 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 0

Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? 0

If so, specify _____

(Signed) W. P. Miller, M. D.
(Address) W. P. Miller

W. P. Miller
Angyle Bldg

2 to 5 Pm

Ship gas waback

2 Pm 6/16/33

MAR 18 1943