

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 Polk  
Township Flemington  
City Flemington

Registration District No. 709  
Primary Registration District No. 6291

File No. 34119A  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Mary Elizabeth Blackwell  
(a) Residence, No. Flemington St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female  
4. COLOR OR RACE White  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 29 - 1869  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, 10.30 hrs. or \_\_\_\_\_  
64 11 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife  
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) Carroll Co. Mo.  
(STATE OR COUNTRY)

13. NAME Samuel P. Eskew  
14. BIRTHPLACE (CITY OR TOWN) town  
(STATE OR COUNTRY)

15. MAIDEN NAME Dorothy Harrison  
16. BIRTHPLACE (CITY OR TOWN) mo  
(STATE OR COUNTRY)

17. INFORMANT Oliver Blackwell  
(ADDRESS) see above mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Flemington DATE Oct 31 1933

19. UNDERTAKER J. J. Luckey  
(ADDRESS) Wheatland mo.

20. FILED June 10 1934 Veda McCracken  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 29 1933

22. I HEREBY CERTIFY, That I attended deceased from 6-2-33 1933, to 10-29 1933

I last saw her alive on 10-29 1934 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:

malignancy of  
uterus  
associated with with  
general toxemia  
Other contributory causes of importance:  
78 48

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 \_\_\_\_\_

(Signed) M. L. McClracken "D.O."  
(Address) Flemington, mo.

