

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

Do not use this space.

36456

1. PLACE OF DEATH

County Jackson Registration District No. 389
Township Law Primary Registration District No. 1002
City Kansas City (No. Memorial Hospital) St. _____ Ward _____

File No. 4374
Registered No. 4374
St. _____ Ward _____

2. FULL NAME

Georgia Pearl Blackledge
(a) Residence, No. 5302 E 24th St., _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. mos. _____ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Warren S. Blackledge

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 24, 1890

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>43</u>		<u>1</u>	<u>14</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 31

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 139

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 54

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

13. NAME Bruce D. Davis

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

15. MAIDEN NAME Emma K. Taverner

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

17. INFORMANT (ADDRESS) Mrs. E. K. Davis

18. BURIAL, CREMATION, OR REMOVAL PLACE Pilot Grove DATE Nov. 9, 1933

19. UNDERTAKER (ADDRESS) Carroll Davidson, Inc. Co. 3024 Trent Ave.

20. FILED Nov 8, 1933 M. M. Kerove Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 7th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 29th, 1933, to Nov. 7th, 1933

I last saw her alive on Nov. 7th, 1933 Death is said to have occurred on the date stated above, at 11:25 p.m.

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

Spasmodic enterocolitis Date of onset Nov. 4th
Paralytic ileus Nov. 9th
Ac. nephritis, pyelitis tuberc. 3 mo.
Left. Salpingitis, fibroid, tuberc. uter. 2 yrs.

Other contributory causes of importance: Renal, positive serology, 3+ yrs.

Name of operation Hysterectomy, Salpingectomy Date of Nov. 1

What test confirmed diagnosis? Laboratory 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) E. J. Dorman M. D.

(Address) 1314 Professional Bldg. Kansas City, 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.

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