

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

Signature
Do not use this space.

802

File No. _____
Registered No. 32
St. _____ Ward _____

1. PLACE OF DEATH

County GreeneRegistration District No. 318

Township _____

Primary Registration District No. 7001City Springfield, Mo.(No. 452)W. Division2. FULL NAME Vernie B. Blackwell

(a) Residence, No. _____

(Usual place of abode)

St. _____

Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 63 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

W

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

Married

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

Isaac Blackwell

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

July 26, 1870

7. AGE

YEARS

63

MONTHS

5

DAYS

15

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

Home mother

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)

Marionville, Mo.

13. NAME

George Patterson

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

Springfield, Mo.

15. MAIDEN NAME

Mrs. Mary Pharies

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

Mt. Vernon, Mo.

17. INFORMANT (ADDRESS)

I. J. Blackwell

18. BURIAL, CREMATION, OR REMOVAL

PLACE Clear CreekDATE Jan. 14, 1934

19. UNDERTAKER (ADDRESS)

F. C. Pharies, Springfield, Mo.

20. FILED

14

1934

Ralph W. Hampton

Registrar

MEDICAL CERTIFICATE OF DEATH

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

Jan - 11 - 193422. I HEREBY CERTIFY, That I attended deceased from Oct 27, 1933, to Jan 11, 1934I last saw her alive on Jan 9, 1934 Death is saidto have occurred on the date stated above, at 10:15 p.m.

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

Date of onset

Supreme Right foot Jan 1-34

Other contributory causes of importance:

Platelets Metis

Name of operation

None

Date of _____

What test confirmed diagnosis? Urinalysis Was there an autopsy? No

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? No

If so, specify _____

(Signed) EMM Escudé, M. D.(Address) Med. Int. Bldg.Springfield, Mo.

