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.

MAR 24 1934

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

Do not use this space.

5639

1. PLACE OF DEATH
County Livingston — Registration District No. 508 — File No.
Township — Primary Registration District No. 3026 — Registered No. 27
City Chillicothe (No. , St. Ward)

2. FULL NAME Mrs. Antonia Thomas Blackman
(a) Residence, No. 324 Washington St., 4 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: Female
4. COLOR OR RACE: White.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John R. Blackman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May. 18. 1869
7. AGE: YEARS 64 — MONTHS 9 — DAYS 4 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife
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): Pine Hill. Putnman Co Mo

FATHER
13. NAME: Thomas H Jones
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): California Mo.

MOTHER
15. MAIDEN NAME: Ruth Williams
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New Town Mo

17. INFORMANT (ADDRESS): John R. Blackman Chillicothe Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Lucern Mo. DATE Feb. 24 1934
19. UNDERTAKER (ADDRESS): F. B. Norman Chillicothe Mo.
20. FILED Feb. 23 1934 Donald M. Dawell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 22. 1934
22. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1933 to Feb 22, 1934
I last saw her alive on Feb. 22, 1934 Death is said to have occurred on the date stated above, at 7A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	Cand say

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Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? symptoms 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) C M Grace, M. D.
(Address) Chillicothe Mo