

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.

MAY 25 1934

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

Do not use this space.

13418

1. PLACE OF DEATH

County Lafayette  
Township Washington  
City Bellevue

Registration District No. 464  
Primary Registration District No. 5626

File No. 16  
Registered No. 48  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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. (If nonresident, give city or town and State)

Mary Catherine Blackwell

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female  
4. COLOR OR RACE white  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed  
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. F. Blackwell  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 25, 1846  
7. AGE YEARS 87 MONTHS 4 DAYS 7 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home  
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) Lane, Jackson

13. NAME Wm. Powell

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

15. MAIDEN NAME Rachel Beeler

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

17. INFORMANT Mrs. Wm. Cunningham (ADDRESS) Odessa, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Odessa, Mo. DATE 4/3 1934

19. UNDERTAKER L. C. Luskman (ADDRESS) Odessa, Mo.

20. FILED 4-10- 1934 Mrs. E. M. Goodwin Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-2 1934

22. I HEREBY CERTIFY, That I attended deceased from 1934, to Apr 2 1934

I last saw him alive on March 29 1934. Death is said to have occurred on the date stated above, at 9:30 a.m.

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

Senile  
Senile Dementia  
168  
Other contributory causes of importance: Old age + general debility

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ 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 \_\_\_\_\_ 1934

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) W. E. Martin M. D.

(Address) Odessa, Mo.

130101-000000

100