

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

Do not use this space.

1. PLACE OF DEATH

County Dent
Township Norman
City (No. , St. Ward)

Registration District No. 269
Primary Registration District No. 5376

File No. 23940
Registered No. 3

2. FULL NAME

James T Blackwell

(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)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 22nd 1852

7. AGE YEARS 81 MONTHS 7 DAYS 3 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Dent Co. (STATE OR COUNTRY) Missouri

13. NAME James H. Blackwell

14. BIRTHPLACE (CITY OR TOWN) Dent Co. (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Nancy Barnes

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

17. INFORMANT J. H. Blackwell (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Blackwell Cem. DATE July 26, 1934

19. UNDERTAKER Carl K. Spencer (ADDRESS) Salmon, Missouri

20. FILED July 26, 1934 Mrs Cora Bailey Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25, 1934

22. I HEREBY CERTIFY that I attended deceased from July 24, 1934 to July 25, 1934. I last saw him alive on July 24, 1934. Death is said to have occurred on the date stated above, at 1:00 pm. The principal cause of death and related causes of importance were as follows:

Cardiac disease, renal disease Date of onset 1934

Other contributory causes of importance:

Heart condition July 24, 1934

Name of operation None Date of operation

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? No 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 None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) Dr. J. J. Spencer, M. D.

(Address) Salmon Mo

