

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.

AUG 21 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County JacksonRegistration District No. 344Township 3rdPrimary Registration District No. 10thCity K.C. Mo.(No. 1838 E. 9th)File No. 24769Registered No. 24769

St. _____

Ward _____

2. FULL NAME

(a) Residence, No. 1838 E. 9th St.

St. _____

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 Col.

4. COLOR OR RACE

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

Married

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

C. A. Blackwell

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

Jan. 23, 1884

7. AGE

YEARS

MONTHS

DAYS

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

50527

OCCUPATION

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

Housewife

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)

St. Louis, Mo.

FATHER MOTHER

13. NAME

Joe Johnson

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

Unknown

15. MAIDEN NAME

Unknown

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

Unknown

17. INFORMANT (ADDRESS)

69 Blackwell 1838 E. 9th St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Blue RidgeDATE July 24, 1934

19. UNDERTAKER (ADDRESS)

Boyle Bros 170 E. 2nd St.

20. FILED

7-24-34 M. D. Brown

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

July 20, 1934

22. I REFERRED TO THE

The deceased died from

I last saw him alive on

Death is said

to have occurred on the date stated above, at _____

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

Date of onset

Acute Colic15B

Other contributory causes of importance

Name of operation

Date of

What test confirmed diagnosis

Was there any autopsy?

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 due to occupation of deceased?

If so, specify

(Signed)

M. D.

(Address)

