

SEP 1 1934

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

28430

## 1. PLACE OF DEATH

County BuchananRegistration District No. 86Township WashingtonPrimary Registration District No. 5127City St. Joseph(No. 40) County Infirmery St.      Ward     

## 2. FULL NAME

Mat Blackwell(a) Residence, No. County InfirmerySt.     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

Male

4. COLOR OR RACE

Colored

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OF

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

Feb 20 1861

7. AGE

YEARS

MONTHS

DAYS

If less than 1  
day, ..... hrs.  
or ..... min.73524

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.Common Laborer9. 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  
occupation12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)NevadaMo

FATHER

13. NAME

Unknown14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)UnknownUnknown

MOTHER

15. MAIDEN NAME

UnknownUnknown16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Unknown17. INFORMANT  
(ADDRESS)Fleetwood BlackwellRichm and Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

CityGen

DATE

8-17193419. UNDERTAKER  
(ADDRESS)B. F. Graves Funeral Home806 South 17th St St. Joseph

20. FILED

Aug 16 19348902unsub

Registrar.

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## MEDICAL CERTIFICATE OF DEATH

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

Aug, 13.34

22. I HEREBY CERTIFY, That I attended deceased from

April 2, 1934 to Aug 12, 1934I last saw him (alive on) Aug 12, 1934 Death is saidto have occurred on the date stated above, at 4, E m.

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

3-1 Arterio Sclerosis Don'tSyphilis Know3-4 Prostatic Hypertrophy Don'tCystotomy KnowClinical Know

Other contributory causes of importance:

Name of operation Cystotomy Date of July 1934What test confirmed diagnosis Clinical 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? noIf so, specify as statedNMS (Signed) as stated M. D.(Address) 822 Edmond St. Joseph Mo.

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