

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

Do not use this space.

31451

1. PLACE OF DEATH **SEP 13 1934** 791
 County..... Registration District No.....
 Township..... Primary Registration District No. **1003**
 City **St Louis** (No. **8665**) City of St Louis St. _____ Ward) _____
 2. FULL NAME **Bobby Blackwell**
 (a) Residence, No. **1818** Ward. 23
 (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 **M** 4. COLOR OR RACE **W** 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) **Aug 21-34**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 9

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **None**
 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**

MOTHER 13. NAME **Benjamin Blackwell**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St Louis, Mo**

15. MAIDEN NAME **Helen Jensen**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St Louis, Mo**

17. INFORMANT **Dr J. C. Smith** (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE **St Matthews** DATE **Sept 13 1934**

19. UNDERTAKER **G. H. McLaughlin** (ADDRESS) **2301 Lafayette Ave**

20. FILED **MOU 31 100** 19 **34** **G. G. Bredek** Registrar.

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) **8/30 1934**
 2. I HEREBY CERTIFY, That I attended deceased from **8/21**, 19**34**, to **8/30**, 19**34**.
 I last saw **deceased** on **8/20 1934**. Death is said to have occurred on the date stated above, at **7** p. m.
 The principal cause of death and related causes of importance were as follows:

100
Lobar Pneumonia
 Date of onset _____
 Other contributory causes of importance: **100**

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an 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 in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) **H. Blood** _____, M. D.
 (Address) _____

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

