

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.

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

Do not use this space.

DEC 13 1934

40801

1. PLACE OF DEATH

County.....
Township.....
City St. Louis, Mo. (No. 3821)

Registration District No. 791
Primary Registration District No. 1002

File No.
Registered No. 10745
St. Ward)

2. FULL NAME

Edward Blackburn

(a) Residence, No. 3821 Ward. 17

(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 <u>M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Eva Blackburn</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 26 - 1876</u>		
7. AGE	YEARS <u>59</u>	MONTHS <u>2</u>
	DAYS <u>11</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. <u>laborer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Self</u>	
	10. Date deceased last worked at this occupation (month and year).....	11. Total time (years) spent in this occupation.....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 7 1934

22. I HEREBY CERTIFY, That I attended deceased from June 9th 1934, to Nov. 7th 1934
I last saw him alive on Nov. 7th 1934 Death is said to have occurred on the date stated above, at 10:45 a.m.

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

Other contributory causes of importance:
Ch. Myocarditis
Ratty degeneration

Date of onset 1 1/2 yrs.

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Louisville Ky</u>
	13. NAME <u>Edward Blackburn</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>
	15. MAIDEN NAME <u>Elizabeth Howard</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>
17. INFORMANT (ADDRESS) <u>Mrs. Eva Blackburn 3821</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Bernard Cemetery St. Louis 1934</u>	
19. UNDERTAKER (ADDRESS) <u>A. H. McLaughlin 2321</u>	
20. FILED <u>1934</u> <u>Nov 14</u> <u>1934</u> <u>Joe F. Bredack</u> Registrar	

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? no
If so, specify.....
(Signed) Arthur Robinson, M. D.
(Address) 2692 S. Grand St.

