

MAY 24 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

9451

1. PLACE OF DEATH

County JacksonRegistration District No. 309Township KanawPrimary Registration District No. 002City Kansas CitySt. 6th and Bluff Ward 002

File No.

Registered No. 2200

St.

Ward)

2. FULL NAME

(a) Residence, No. 801 Pacific

(Usual place of abode)

St.

Ward.

(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)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Lottie Blackwell

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

7-24-1889

7. AGE

YEARS

MONTHS

DAYS

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

OCCUPATION

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

Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Western Storage Co.

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)

Ottawa Kans.

FATHER

13. NAME

Chas. Blackwell

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

Kans.

MOTHER

15. MAIDEN NAME

unknown

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

K.

17. INFORMANT (ADDRESS)

Ollie C. Blackwell, Jr.

18. BURIAL, CREMATION, OR REMOVAL

Westlawn DATE 4-3 1935

19. UNDERTAKER (ADDRESS)

Adkins Bros.

20. FILED

4-2 1935 M. M. Crowe, asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 03/05/35 19

22. HEREBY CERTIFY, That I attended deceased from

I last saw him alive on 19..... Death is said

to have occurred on the date stated above, at m.

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

Date of onset

Other contributory causes of importance:

Name of operation

Date

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence), fill in the following:

Accident, suicide, or homicide

Where did injury occur

Specify whether injury occurred in 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)

, M. D.

(Address)

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.

