

APR 9 1935

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

Do not use this space.

791  
1003

10795

1. PLACE OF DEATH

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City St. Louis (No. St. Johns, Hospital)..... St. .... Ward)

2. FULL NAME Dr. Porter D. Blackburn

(a) Residence, No. 2719 South Grand St., 17 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6/30/1882

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
52 8 12

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

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) Saline Co Mo

13. NAME James Blackburn

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

15. MAIDEN NAME Mary Simpson

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

17. INFORMANT Alice Blackburn (ADDRESS) 2710 South Grand

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Crematory DATE 3/14/35 19.....

19. UNDERTAKER Robt. J. Ambrosia Inc (ADDRESS) 6633 Clayton Road

20. FILED 13 1935 19..... Jo. J. Bredek Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3.12/35 19.....

22. I HEREBY CERTIFY, That I attended deceased from Jan 1930 19..... to Mar 11 19.....  
I last saw him alive on Mar 11 19..... Death is said

to have occurred on the date stated above, at 6.00 a.m.

The principal cause of death and related causes of importance were as follows:  
Chronic Intracerebral Nephrosis as Myocardial Degener ation

Other contributory causes of importance: None

Name of operation Prostatectomy Date of.....

What test confirmed diagnosis? Prostatectomy 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?..... If so, specify.....

(Signed) J. M. Simpson M. D.

(Address) 3715 Q. Grand Blvd.

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.

Handwritten notes in the top left corner, including the number 3115 and some illegible scribbles.

Vertical handwritten text on the right side of the page, possibly a date or page number.