

MAY 21 1935

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

Do not use this space.

11990

1. PLACE OF DEATH

County BuchananRegistration District No. 85

Township

Primary Registration District No. 1001City St. Joseph(No. 111 W. Hyde Park Ave.)

File No.

Registered No. 419

St.

Ward)

2. FULL NAME Edward L. Blackwell(a) Residence, No. 111 W. Hyde Park Ave.

St.

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

White5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Married5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OFEffie O. Blackwell

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

Jan. 29, 1877

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day,hrs.
ormin.58211

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Carpenter9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.General Contractor10. Date deceased last worked at
this occupation (month and
year) 193511. Total time (years)
spent in this
occupation 312. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Chillicothe
Mo.

FATHER

13. NAME James Blackwell14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Chillicothe
Mo.

MOTHER

15. MAIDEN NAME Anna Balley16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Hale
Mo.17. INFORMANT
(ADDRESS)Mrs. Effie O. Blackwell
111 W. Hyde Park Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Chillicothe, Mo. DATE April 12, 193519. UNDERTAKER
(ADDRESS)Clark Mortuary
6026 King Hill Ave.

20. FILE

APR 11 1935John H. Bender
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10, 193522. I HEREBY CERTIFY, That I attended deceased from
Mar 25, 1935, to April 10, 1935I last saw him alive on April 10, 1935. Death is saidto have occurred on the date stated above, at 1:30 p.m.

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

Date of onset

Cardiac FailureApril 8, 1935

Other contributory causes of importance:

Paralysis due to a stroke
if apoplexy about 5 yrs agoabout
1930Name of operation None Date ofWhat test confirmed diagnosis? Cholera 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?

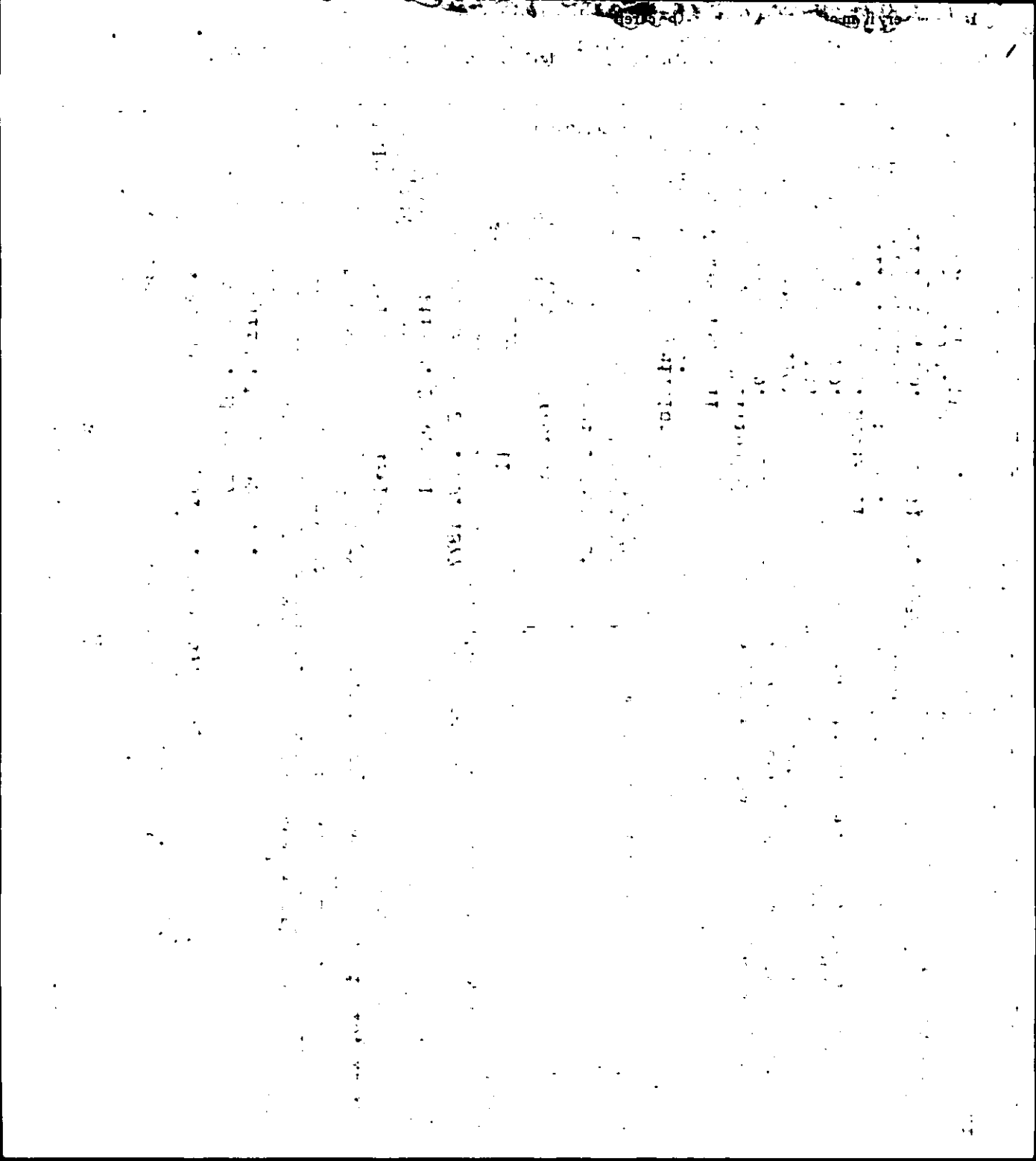
(Specify city or town, county, and State)

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? No

If so, specify

(Signed) William A. Robertson, M. D.(Address) St. Joseph



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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY
Do not use this space.

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township _____

Primary Registration District No. 1001

City _____ (No. _____)

File No. _____
Registered No. 419
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ 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

m

4. COLOR OR RACE

w

**5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)**

m

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

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, _____ hrs.
or _____ min.

58

2

11

OCCUPATION

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

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)**

13. NAME

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

15. MAIDEN NAME

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

**17. INFORMANT
(ADDRESS)**

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19____

**19. UNDERTAKER
(ADDRESS)**

20. FILED

June 20, 1935

John P Bender
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from
_____, 19____, to _____, 19____

I last saw _____ 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:

Cardiac failure
due to
chronic myocarditis

Date of onset

Other contributory causes of importance:

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) William A. Robertson, M. D.

(Address) St. Joseph Mo

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.

JUN 20 1935

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