

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.

MAY 27 1935

12714 ✓

1. PLACE OF DEATH

County JACKSON

Registration District No. 398

Township BLUE

Primary Registration District No. 555K

City INDEPENDENCE

(No. RURAL ROUTE #4)

File No. _____

Registered No. 130

St. _____ Ward _____

2. FULL NAME

MRS. FLORA VIRGINIA BLACKWELL

(a) Residence, No. RURAL ROUTE #4

(Usual place of abode)

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

FEMALE

4. COLOR OR RACE

WHITE

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

WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

ROGER JONES BLACKWELL

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

JULY 26-1876

7. AGE

YEARS

MONTHS

DAYS

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

58

8

21

OCCUPATION

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

HOUSEWIFE

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)

PLEASANT HILLS

(STATE OR COUNTRY)

MISSOURI

MOTHER

13. NAME

ED

FOREE

14. BIRTHPLACE (CITY OR TOWN)

KENTUCKY

15. MAIDEN NAME

MARY UNKNOWN

16. BIRTHPLACE (CITY OR TOWN)

UNKNOWN

17. INFORMANT

MRS. MARTIN MILLER

(ADDRESS)

RURAL ROUTE #4

18. BURIAL, CREMATION, OR REMOVAL

PLACE LEES SUMMIT MO DATE APRIL 18 1935

19. UNDERTAKER

D. W. NEWCOMER'S SONS

(ADDRESS)

KANSAS CITY, MISSOURI

20. FILED

4-20-35

J. L. back

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

APRIL 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from

Nov-9

to

April 16, 1935

I last saw him alive on

April 16

1935 Death is said

to have occurred on the date stated above, at 10:00 P.M.

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

chronic cardiac
valvular disease -
partial regurgitation
angina pectoris

Other contributory causes of importance:

chronic colitis

Date of onset

Name of operation

none

Date of

What test confirmed diagnosis

clinical

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)

W. C. Blackwell M. D.

(Address)

1124 Commercial Bldg

Kansas City, Mo

1124 Professional Bldg.

11-12; 1-3