

AUG 22 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

24117

1. PLACE OF DEATH

88 County Randolph
 Township Saltrivor
 City Still Born (No. 7)

Registration District No. 734
 Primary Registration District No. 5969

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

2. FULL NAME Porter Blackwell,

(a) Residence, No. East Of Jacksonville St. _____ Ward _____
 (Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10th 1935

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 8 hrs. or 8 min.

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) E. jacksonville.
 (STATE OR COUNTRY) Randolph Co.

13. NAME Arthur Blackwell,

14. BIRTHPLACE (CITY OR TOWN) Monroo Co.
 (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Molio McDonald,

16. BIRTHPLACE (CITY OR TOWN) Macon Co.
 (STATE OR COUNTRY) MO.

17. INFORMANT Arthur Blackwell.
 (ADDRESS) Jacksonville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Phillipps Cemetry, DATE July 11th, 35
Monroo Co.

19. UNDERTAKER Snow Funeral Hono.
 (ADDRESS) Moberly, Mo.

20. FILED July 22 1935 R M Cator Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from

July 9 1935 to July 10 1935
 I last saw him alive on July 9 1935. Death is said to have occurred on the date stated above, at 7:00 P.M. 1935
 The principal cause of death and related causes of importance were as follows:

Premature Birth

Date of onset

Other contributory causes of importance:

Name of operation none Date of _____
 What test confirmed diagnosis? No test Was there an autopsy? Yes

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

Accident, suicide, or homicide? _____ Date of injury _____ 1935

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. A. Hyatt, M. D.

(Address) Madison 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.

RECORD WITH UNFADING INK—THIS IS A PERMANENT RECORD

