

OCT 22 1935

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

Do not use this space.

25997

1. PLACE OF DEATH

County *Superior*

Registration District No. *221*

Township *Beaumont*

Primary Registration District No. *6300*

City *Beaumont*

(No. _____)

St. _____ Ward) _____

2. FULL NAME

Robert Blackstone

(a) Residence, No. _____

St. _____

Ward. _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *40* 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 *Negro* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 10 - 1897*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
63 1 18

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

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) *Aug 28 - 35* 11. Total time (years) spent in this occupation *50*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Beaumont Missouri*

13. NAME *William Blackstone*

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

15. MAIDEN NAME *Lou Taylor*

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

17. INFORMANT (ADDRESS) *Mrs. Robert Blackstone*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Mt. Moriah* DATE *8-29-35*

19. UNDERTAKER (ADDRESS) *Hayot Stocklem Pilot Drive No*

20. FILED *9/10* 19*35* *Robert H. Cole* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug 28 1935*

22. I HEREBY CERTIFY That I attended deceased from *Aug 27th 1935* to *Aug 28 1935*. I last saw him alive on *Aug 27th 1935*. Death is said to have occurred on the date stated above, at *12* m.

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

Other contributory causes of importance: *None*

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? *no*
(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 *Chas Sandy* M. D.
(Signed) *Chas Sandy*
(Address) *Pilot Drive Beaumont*

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 SIGNATURE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

11-1978

RESERVED FOR BINDING
PERMANENT RECORD