

OCT 22 1935

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

Do not use this space.

29203

1. PLACE OF DEATH

County Franklin
Township Boone
City Boone (No.)

Registration District No. 1104
Primary Registration District No. 3415 E

File No.
Registered No. 16
St. Ward

2. FULL NAME

Joanna Alice Blackwell
(a) Residence No. Guadalupe Wd St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 47 yrs. 10 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR <u>DIVORCED</u> (write the word)
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. - 26 - 1887</u>		
7. AGE <u>47</u>	YEARS <u>10</u>	MONTHS <u>26</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>X</u>		
10. Date deceased last worked at this occupation (month and year) <u>9/12/33</u> Total time (years) spent in this occupation <u> </u>		
11. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Leslie Mo</u>		
12. NAME <u>Geo. H. Childers</u>		
13. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Beaufort</u>		
14. MAIDEN NAME <u>Sarah F. Childers</u>		
15. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Stewie, Texas</u>		
16. INFORMANT <u>John R. Blackwell</u>		
17. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. John's Cem.</u> DATE <u>9-23</u> 1935		
18. UNDERTAKER <u>E. J. Meyer</u>		
19. FILED <u>9-23</u> 1935 <u>H. P. Fitzgerald</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 21st 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 15 1935, to Sept 21 1935
I last saw him alive on Sept 20 1935. Death is said to have occurred on the date stated above, at 5:30 A. m.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
Date of onset not known

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? 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) L. H. Matthews M. D.
(Address) Beaufort, Mo.

