

OCT 22 1935

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

Do not use this space.

29715

1. PLACE OF DEATH

County Jackson Registration District No. 399  
Township East Primary Registration District No. 1002  
City Hot Wells (N. Bluff Road #2)

File No. \_\_\_\_\_  
Registered No. 38723  
St. \_\_\_\_\_ Ward)

2. FULL NAME

(a) Residence, No. 1424 E. 8th St. 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 Fe 4. COLOR OR RACE ca 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 7, 1899

7. AGE YEARS MONTHS DAYS If LESS than day, hrs. or min. 35 9 15

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. hardware shop

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) Ark

13. NAME Alouza Borden

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

15. MAIDEN NAME Maheda Tibbitt

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

17. INFORMANT Mamie Clarify (ADDRESS) 107 Irons Tulsa

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge Land DATE Sept 27, 1935

19. UNDERTAKER Jones - Camp & Irving (ADDRESS) 1114 E 15th

20. FILED Sept 27, 1935 M. M. Corow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/22/35, 19

22. I HEREBY CERTIFY that I attended deceased from \_\_\_\_\_, 19

I last saw him 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: Rate of onset

Enlarged and congested  
around of the head.  
Emulsion of the brain.

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 (to wit), fill in also as follows: Accident, suicide, or other cause. Date of injury \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city, town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public place

Manner of injury falling into an excavation  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? If so, specify \_\_\_\_\_

(Signed) \_\_\_\_\_, M. D.  
(Address) \_\_\_\_\_

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.

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