

MAY 21 1936

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township BROOKING
City Brookings (No. 403)

Registration District No. 403
Primary Registration District No. 5557

File No. 15594
Registered No. 15594
St. Brookings Ward 1

2. FULL NAME

May Douglas Blackwell
(a) Residence, No. 403 Lee's Summit, Mo. Ward 1
(Usual place of abode)

Length of residence in city or town where death occurred — yrs. 1 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 7 - 1897

7. AGE YEARS 39 MONTHS 0 DAYS 22 IF LESS than 1 day, ... hrs. or min.

OCCUPATION

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) 4/29/36

11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lee's Summit, Mo.

13. NAME John R. Blackwell Jr.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lee's Summit, Mo.

15. MAIDEN NAME Clara L. Kreeger

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cockrell, Jackson Co., Mo.

17. INFORMANT (ADDRESS) John R. Blackwell Jr., Lee's Summit, Mo.

18. BURIAL, CREMATION, OR REMOVAL (PLACE) Lee's Summit, Mo. DATE 5/1/36

19. UNDERTAKER (ADDRESS) N. B. Langsford, Lee's Summit, Mo.

20. FILED 5-4, 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29, 1936

22. I HEREBY CERTIFY that I attended deceased from April 29, 1936

I last saw him alive on April 29, 1936 Death is said to have occurred on the date stated above, at 8 A.M.

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

Primary thrombosis of coronary arteries

Acute myocardial infarction

Other contributory causes of importance: 94 b

Name of operation Autopsy Date of 5/1/36

What test confirmed diagnosis? Autopsy 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 —, 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? —

If so, specify —

(Signed) John R. Blackwell Jr., M. D.

(Address) —

Registrar —

Dr. J. B. Langsford, R. N.

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.

