

MAY 25 1936

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

Do not use this space.

16343

1. PLACE OF DEATH

County PettusRegistration District No. 668File No. 135Township SedaliaPrimary Registration District No. 9232Registered No. 668City Sedalia (No. _____) St. _____ Ward _____

2. FULL NAME

Ella Blackmore(a) Residence, No. 517 N. Orange St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 7 yrs. 1 mos. 23 ds. How long in U. S., if of foreign birth? 7 yrs. 1 mos. 23 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

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

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

Feb. 1, 1884

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

51223

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)

11. Total time (years) spent in this occupation

House wife

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Pineola, Mo. Benton County

MOTHER FATHER

13. NAME

Will Shobe

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

Ky.

15. MAIDEN NAME

Nancy Chestnut

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

Ky.

17. INFORMANT (ADDRESS)

Minnie Blackmore 517 N. Orange

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Sedalia

DATE

April 25, 1936

19. UNDERTAKER (ADDRESS)

J. P. D. Stanley 4000 E. Cooper Sedalia, Mo.

20. FILED

4-27-1936Jean Shobe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/24, 193622. I HEREBY CERTIFY, That I attended deceased from 4/24, 1936, to 4/24, 1936I last saw her alive on 4/24, 1936. Death is saidto have occurred on the date stated above, at 1030 P.M.

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

Myocarditis

Date of onset

Other contributory causes of importance:

930

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 _____, 1936

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) J. P. D. Stanley, M. D.(Address) Sedalia, 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.

