MAY 25 1936

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

Do not use this space.

16516

1. PLACE OF DEATH
County RANDOLPH Registration District No. 734
Township SALT RIVER Primary Registration District No. 5969
City (No. , St. Ward)

File No.
Registered No.

2. FULL NAME BESSIE M. BLACKWELL
(a) Residence, No. EAST OF JACKSONVILLE 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: FEMALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APR 7-1936

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	0	0	1	

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

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

FATHER

13. NAME ARTHUR BLACKWELL
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MONROE Co Mo.

MOTHER

15. MAIDEN NAME MOLLY McDONALD
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) RANDOLPH Co Mo

17. INFORMANT (ADDRESS) ARTHUR BLACKWELL Jacksonville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Phillips Cem DATE APR 8 36

19. UNDERTAKER (ADDRESS) Sulsa Funeral Home Moberly Mo

20. FILED Apr 8 1936 R. M. Catron Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APR 8 1936

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1936, to April 8, 1936
I last saw her alive on April 7, 1936 Death is said to have occurred on the date stated above, at 3 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	
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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 (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) D. G. Stigall, M. D.
(Address) Madison Mo.

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