

JUN 25 1936

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

Do not use this space.

20339

## 1. PLACE OF DEATH

County PalatkaRegistration District No. 713Township BellevuePrimary Registration District No. 5742City Bellevue (No.       )File No.       Registered No.       St.        Ward       2. FULL NAME Sarah Blackwell(a) Residence, No.        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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Richard Blackwell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown</u>		
7. AGE <u>About 71</u>	YEARS <u>7</u>	MONTHS <u>7</u>
	DAYS <u>X</u>	IF LESS than 1 day, hrs. or min. <u>X</u>

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>On bounty farm</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>      </u>
	10. Date deceased last worked at this occupation (month and year) <u>      </u>
	11. Total time (years) spent in this occupation <u>      </u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Palatka County, Mo.13. NAME Unknown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT (ADDRESS) Johnnie Bishop

18. BURIAL, CREMATION, OR REMOVAL

PLACE County Farm DATE 5/19 193619. UNDERTAKER J. H. Hoops & Sons (ADDRESS) Cracker, Mo.20. FILED 5/19 1936 Official Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/18 193622. I HEREBY CERTIFY, That I attended deceased from 5/1 1936 to 5/18 1936I last saw him alive on 5/16 1936 Death is said to have occurred on the date stated above, at 6 P. m.

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

Chronic Heart Disease Date of onset Jan  
of Lesion.

Other contributory causes of importance:

Fever and pneumonia 5/1/36Name of operation        Date of       What test confirmed diagnosis? P. Ex. 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 noIf so, specify       (Signed) C. G. Talbot M. D.(Address) Wagonville

