

AUG 17 1936

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

Do not use this space.

25735

1. PLACE OF DEATH

County Calloway
Township
City Fulton, Mo. (No.)

Registration District No. 104
Primary Registration District No. 3008

File No.
Registered No. 246
St. Ward)

2. FULL NAME

Marion 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) D.K.

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
65 D.K. D.K.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. D.K.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. D.K.
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) D.K.13. NAME D.K.14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K.15. MAIDEN NAME D.K.16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K.17. INFORMANT State Hosp. Records (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Salisbury, Mo DATE 7-27 193619. UNDERTAKER Geo B. Winklesberger (ADDRESS) Salisbury, Mo.20. FILED July 27, 1936 R. W. Cress Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-26-193622. I HEREBY CERTIFY, That I attended deceased from 7-1-36 1936, to 7-26- 1936I last saw him alive on 7-26 1936 Death is saidto have occurred on the date stated above, at 5:15 p. m.

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

Heat ExhaustionDate of onset D.K.

Other contributory causes of importance:

Subsiding Tbc. Cancer of Colon Senility D.K. D.K.Name of operation None Date of

What test confirmed diagnosis?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

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) F. A. Barnett M. D.(Address) State Hosp No 1Fulton, Mo.

