

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

Do not use this space.

Oct 20 1936

33640

1. PLACE OF DEATH

County Boone
Township Columbia
City Columbia (No.)

Registration District No. 73
Primary Registration District No. 3006

File No.
Registered No. 254 St. Ward)

2. FULL NAME

(a) Residence, No. R.R. 1st 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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Fannie Blackman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>about 1859</u>		
7. AGE <u>77</u>	YEARS	MONTHS
		DAYS
		IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter</u>	
	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	
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>	
	13. NAME <u>Don't know</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
	15. MAIDEN NAME <u>Don't know</u>	
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
	17. INFORMANT <u>Fannie Blackman</u> (ADDRESS) <u>Columbia Missouri</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Valeryston cemetery</u> DATE <u>9-23-</u> 19 <u>36</u>		
19. UNDERTAKER <u>Stuart P. Porter</u> (ADDRESS) <u>Columbia Missouri</u>		
20. FILED <u>9/23/</u> 19 <u>36</u> <u>Allie Selby</u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-21- 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-21- 1936

I last saw h. x alive on x, 19..... Death is said to have occurred on the date stated above, at 6:45 A.M.

The principal cause of death and related causes of importance were as follows:
Organic Heart disease
Cardiac Asthma
(Dr. O.A. Moore)

Date of onset

Other contributory causes of importance:
9562

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) E. H. Davis, Coroner
(Address) Columbia 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.

