

OCT 21 1936

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

Do not use this space.

38116

1. PLACE OF DEATH

County Jefferson
Township Big River
City St. Louis (No. 100)

Registration District No. 424
Primary Registration District No. 5579

File No. 100
Registered No. 100 St. 100 Ward 100

2. FULL NAME

Martha Blackwell

(a) Residence, No. 100 St. 100 Ward 100
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Richard Blackwell

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 11 - 1852

8. AGE YEARS 84 MONTHS 1 DAYS 1 If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

10. Date deceased last worked at this occupation (month and year) 1936 11. Total time (years) spent in this occupation 108

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) White County Tennessee

13. NAME Geo Stagg

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mr. George M. 100 (ADDRESS) Miss 100

18. BURIAL, CREMATION, OR REMOVAL PLACE Home DATE 10/10/36

19. UNDERTAKER H. B. 100 (ADDRESS) 100

20. FILED Oct. 20, 1936 C. H. 100 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 13 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 5 1936, to Oct 12 1936

I last saw h. alive on Oct 12 1936 Death is said to have occurred on the date stated above, at 7 a. m.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset Oct 4, 36

Other contributory causes of importance:

Chronic bronchial asthma,
age, obesity
Name of operation none Date of none
What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury 1936
Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?
If so, specify A. A. 100
(Signed) Arden Heff, Mo M. D.
(Address) 100

436 9/20/22