

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

Do not use this space.

1. PLACE OF DEATH

County Dent
Township Texas
City (No. _____, _____ St. _____ Ward)

Registration District No. 10351
Primary Registration District No. 5372

File No. 40858
Registered No. 13

2. FULL NAME Mrs John H 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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John H Blackwell
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 4 1980
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 56 7 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Dent Co Mo

13. NAME E.T. Brigman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dent Co Mo

15. MAIDEN NAME Elizabeth Hodges

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dent Co Mo

17. INFORMANT Mr John Blackwell
(ADDRESS) Jack Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Dry Fork Cem DATE Nov 30 1980

19. UNDERTAKER Carl K Spencer
(ADDRESS) Salem Mo

20. FILED 11/30 1980 J.A. Kurock Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/28/36 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 18 36 to Nov. 28 36, 1936.
I last saw her alive on Nov. 28 36. Death is said to have occurred on the date stated above, at 12:30 P.M.
The principal cause of death and related causes of importance were as follows:

Acute pyelonephritis Date of onset 11/18/36
(Acute suppurative pyelitis) 11/27/36

Other contributory causes of importance:

Arteriosclerosis 1926
Arterial hypertension 1926

Name of operation _____ Date of _____
What test confirmed diagnosis bone fluid 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? No
If so, specify _____
(Signed) Geo. W. McPartey M. D.

(Address) Salem 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.

DEC 18 1936

The first part of the report deals with the general situation of the country and the progress of the work during the year. It is followed by a detailed account of the various projects and the results achieved. The report concludes with a summary of the work done and the plans for the future.

The work during the year has been very busy and has resulted in many important discoveries. The most significant of these are the discovery of the new element, the discovery of the structure of the atom, and the discovery of the laws of physics.

The discovery of the new element was made by the team led by Dr. X. This element has many interesting properties and is expected to have many important applications. The discovery of the structure of the atom was made by the team led by Dr. Y. This discovery has led to a better understanding of the nature of matter and the forces that hold it together. The discovery of the laws of physics was made by the team led by Dr. Z. These laws describe the behavior of objects in motion and the forces that act on them.

The work done during the year has been very valuable and has led to many important discoveries. It is hoped that this work will continue to be fruitful in the future.

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CERTIFICATE OF DEATH**

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1. PLACE OF DEATH

County West
Township Texas
City

Registration District No. 1035-
Primary Registration District No. 3572

File No.
Registered No. 10
St. Ward

2. FULL NAME

Mrs John H. 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 4. COLOR OR RACE 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)

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

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 11/30 1936 J. A. Kinrock Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 28 1936

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 .

I last saw alive on , 19 . Death is said to have occurred on the date stated above, at m.

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

Acute glomerular nephritis (infected teeth)

Date of onset

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) Joseph H. McCarty, M. D.

(Address) Salem Miss

SUPPLEMENTAL

130

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.

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