JAN 18 1937

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

Do not use this space.

43687

1. PLACE OF DEATH
County Audrain
Township [illegible]
City Mexico Mo R F D (No. ..... St. ..... Ward)

Registration District No. 26
Primary Registration District No. 5034

File No. .....
Registered No. 189

2. FULL NAME Gilbert L. Blackburn

(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 Male
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~~ Veta Blackburn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 4 - 1885

7. AGE YEARS 51 MONTHS 7 DAYS 29 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Dec 2 - 1936
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery Co. Mo.

FATHER
13. NAME John Blackburn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln Co. Mo.

MOTHER
15. MAIDEN NAME Mary Howard
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Virginia

17. INFORMANT (ADDRESS) Lutie Blackburn Highfill Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mexico Mo. DATE Dec. 4 36

19. UNDERTAKER (ADDRESS) McPherson Bros. Mexico Mo.

20. FILED 12-4 1936 Blanche Neely Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 2 1936

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

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 1:30 P. m.

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

Date of onset

From hemorrhage and shock due to the severance of the left leg just below the knee by being accidentally struck by a Ford V-8 bearing engine number 18-2276545, driven by one E.C. ~~[illegible]~~ Stevens of Columbia, Missouri, at a point four and a half miles south of Mexico, Missouri, on federal highway # 54.

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? accident Date of injury 12-2-, 1936
Where did injury occur? Audrain Co Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Highway 54
Manner of injury struck by car
Nature of injury left leg severed

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) W K McCall Coroner Audrain Co M. D.
(Address) Laddonia Mo.