

JAN 15 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Ordway
 Township East River
 City Mexico Mo (No. Ordway Co Hospital)

Registration District No. 26
 Primary Registration District No. 3002

File No. 44570
 Registered No. 187
 St. _____ Ward _____

2. FULL NAME

Bessie Toler 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. 1 mos. _____ ds. _____ How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

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)

Single

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

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

Oct. 10-1878

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
 day, _____ hrs.
 or _____ min.

59

1

24

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Public school

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Teacher. 2

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

38

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

Forestell Mo

FATHER

13. NAME

John A. Blackwell Jr

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

Orleans Ind

MOTHER

15. MAIDEN NAME

Caroline E. Wolfe

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

Hardy County, Virginia

17. INFORMANT

Helen M. Blackwell

(ADDRESS)

3526 Hennick St. St. Louis Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACED

Wellsville Mo

DATE Dec 7 1937

19. UNDERTAKER

(ADDRESS)

J. W. Kuhn
Wellsville

20. FILED

Dec 4 1937 Blanche Keely

Registrar

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

12-4-1937

22. I HEREBY CERTIFY, That I attended deceased from

3-13-1937, to 12-4-1937

I last saw her alive on 12-4-1937. Death is said

to have occurred on the date stated above, at 9:20 p.m.

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

Carcinoma rectum

Date of onset

Other contributory causes of importance:

Name of operation Calectomy Date of 10-2-37

What test confirmed diagnosis? Lab 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?

If so, specify _____

* (Signed) Frank J. Gally, M. D.

(Address) Mexico, 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.

