

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 BuchananRegistration District No. 85

Township

Primary Registration District No. 1001City St. Joseph(No. State Hospital #2)

St.

Ward)

File No. 44818Registered No. 14232. FULL NAME John Franklin Blackwell(a) Residence, No. Nodaway CO.

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. 1mos. 10

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word) Unknown5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF Unknown6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Est. 1853?

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, ... hrs.
or min.84???

OCCUPATION

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
occupationFarmer12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) United States13. NAME Unknown14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Unknown15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Unknown17. INFORMANT Hospital Records

(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Livingston Co.DATE 12-29-193719. UNDERTAKER How Funeral Home

(ADDRESS)

20. FILED Dec 27, 1937H. J. Neff

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 27193722. I HEREBY CERTIFY, That I attended deceased from
Nov. 17, 1937, to Dec. 27, 1937I last saw him alive on Dec. 26, 1937. Death is saidto have occurred on the date stated above, at 6:15 A. m.

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

Coronary Heart Disease

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No23. 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) R. K. Kuhlman

M. D.

(Address) State Hosp. no 2

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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