

JAN 25 1938

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

Do not use this space.

1. PLACE OF DEATH

County *Saline*
Township *Marshall*
City *Marshall* (No. *527*)

Registration District No. *796*
Primary Registration District No. *3038*

File No. *46839*
Registered No. *214*
St. _____ Ward _____

2. FULL NAME

ROBERT LEE BLACKFORD

(a) Residence, No. *527 E Summit* St., _____ Ward _____
(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

3. SEX *Male* 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) *Sept. 14, 1877*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
60 3 15

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. *Pittsburg Plate Glass*
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) *Fayette Missouri*

FATHER 13. NAME *Noah Blackford*

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

MOTHER 15. MAIDEN NAME *Susanna Zetty*

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

17. INFORMANT (ADDRESS) *Mr. A. M. Long Marshall, Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Jacksonville, Ill.* DATE *Jan. 1, 1938*

19. UNDERTAKER (ADDRESS) *Short & McLeary Marshall, Mo.*

20. FILED *12-30-37* *Marj Kent* Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec. 29, 1937*

22. I HEREBY CERTIFY, That I attended deceased from *Oct. 1936*, 19*36*, to *Dec. 29*, 19*37*.

I last saw him alive on *Dec. 29*, 19*37*. Death is said to have occurred on the date stated above, at *4:50 p.m.*

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

Aortic Stenosis Date of onset _____

General Anasarca
Silicosis

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? *X-Ray* Was there an autopsy? *Yes*

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? *Yes*

If so, specify *Silicosis*

(Signed) *Richard T. Nickles M.D.*

(Address) *22 1/2 S. Jefferson*

Marshall, 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.

