JAN 25 1938

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

Do not use this space.

131

1. PLACE OF DEATH
County Stoddard
Township Elk
City Essex R1 (No. ..... St. ..... Ward)

Registration District No. 836
Primary Registration District No. 6180

File No. ~~46943~~
Registered No. .....

2. FULL NAME Barbara Ellen Blackshear 42-6

(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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 2nd 1938

7. AGE YEARS MONTHS 4 DAYS 8 If LESS than 1 day, ... hrs. or ..... min.

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 occupation ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Essex R1 Stoddard Co. Mo

FATHER
13. NAME H. B. Blackshear
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

MOTHER
15. MAIDEN NAME Myrtle Bonds ~~Mamie A. DeWitt~~
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Okla

17. INFORMANT (ADDRESS) S. W. Blackshear Canalou Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Taylor Cem DATE Jan. 10th 1938

19. UNDERTAKER (ADDRESS) Home Made Box

20. FILED 1-10 1938 ~~[illegible]~~ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 8th 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 8th 1938, to Jan. 9th 1938
I last saw her alive on Jan. 9th 1938 Death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:

Acute Indigestion from over feeding Teas

Date of onset

Other contributory causes of importance: ✓

118C

Name of operation ✓ Date of .....
What test confirmed diagnosis? Clinical 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) S. S. Davis, M. D.
(Address) Devlin Mo

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

131 7
Do not use this space.

1. PLACE OF DEATH
(a) County Stoddard — Registration District No. 836.
(b) Township Elk — Primary Registration District No. 6100 — Registered No.
(c) City — (d) Street No. — St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Barbara Ellen Blackshear
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) mf
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1/2-38
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)
18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE 19
19. FUNERAL DIRECTOR (ADDRESS)
20. FILED 19 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 9, 1938
22. I HEREBY CERTIFY, That I attended deceased from 1/2-38 19 to 1/9-38, 19
I last saw him alive on Jan 8, 1938. 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:

	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) S. S. Davis, M. D.
(Address) Dexter Mo

SUPPLEMENTAL

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.