

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

REC'D MAR 14 1938

5903

1. PLACE OF DEATH

County Adair Registration District No. 4
 Township _____ Primary Registration District No. 3001
 City Willsville No. Laughlin Hospital

File No. _____
 Registered No. 33 St. _____ Ward)

2. FULL NAME

Charles Blackman 425
 (a) Residence, No. Newtown, Mo. St. _____ Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 8 yrs. 8 mos. 8 ds. How long in U. S., if of foreign birth? 62 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Chas. Blackman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 30, 1875

7. AGE YEARS <u>62</u>	MONTHS <u>7</u>	DAYS <u>21</u>	If LESS than 1 day, _____ hrs. or _____ min.
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OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	11. Total time (years) spent in this occupation <u>50</u>
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) <u>Dec 25, 1937</u>	

12. BIRTHPLACE (CITY OR TOWN) Newtown, Mo. (STATE OR COUNTRY)

MOTHER / FATHER 13. NAME R. C. Blackman

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

MOTHER 15. MAIDEN NAME Lucie B. Overstreet

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

17. INFORMANT Mrs. Chas. Blackman (ADDRESS) Newtown, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Lucerne, Mo. DATE Feb. 24, 1938

19. UNDERTAKER Comstock, Unionville, Mo. (ADDRESS)

20. FILED Feb. 21, 1938 Spencer L. Freeman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 21, 1938 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 13, 1938, to Feb. 21, 1938

I last saw him alive on Feb. 21, 1938. Death is said to have occurred on the date stated above, at 5:57 P.M.

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

Carcinoma of Colon (medullary) Date of onset Dec 20, 1937

Other contributory causes of importance:
Hypostatic pneumonia

Name of operation Colostomy Date of Feb. 17, 1938
 What test confirmed diagnosis? Pathology 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) Edw. Laughlin, M.D.
 (Address) Laughlin Hospital, Willsville, 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.

