

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.

REC'D-APR 22 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

11971

1. PLACE OF DEATH

County St. Francois
 Township Berry
 City Bonne Terre (No. 4)

Registration District No. 775
 Primary Registration District No. 6020-A

File No. _____
 Registered No. 28
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Bonne Terre Ward. 424
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Roy A. Blackwell
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 2, 1903
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or min.
34 11 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 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 0

12. BIRTHPLACE (CITY OR TOWN) Bonne Terre
 (STATE OR COUNTRY) Missouri

13. NAME Jacob J. Geiger

14. BIRTHPLACE (CITY OR TOWN) Pilot Knob
 (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Nate Wagner

16. BIRTHPLACE (CITY OR TOWN) Iron Mountain
 (STATE OR COUNTRY) Missouri

17. INFORMANT Harry Geiger
 (ADDRESS) Bonne Terre Mo

18. BURIAL, CREMATION, OR REMOVAL U. S. Cemetery DATE March 24, 1938
 PLACE _____

19. UNDERTAKER Genhardt and Co
 (ADDRESS) Bonne Terre Mo

20. FILED Mar. 24, 1938 N. W. Nause
 Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1938, to March 21, 1938

I last saw her alive on March 20, 1938 Death is said to have occurred on the date stated above, at 10:45 P. M.

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

Essential Hypertension. Date of onset 1936

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) Geo. L. Watkins, M. D.

(Address) Farmington Mo.

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FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

11971
Do not use this space.

1. PLACE OF DEATH

(a) County St. Francois Registration District No. 775
(b) Township Bonne Terre Primary Registration District No. LS20A Registered No. _____
(c) City _____ (d) Street No. _____
(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

Pearl Bertha Blackwell
(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) M

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
34 11 19

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____

I last saw h. _____ alive _____, 19____. Death is said to have occurred on the _____ stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Essential Hypertension Date of onset 1936

Other contributory causes of importance: uremia 131

Chronic Nephritis 1936

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) Geo. L. Watkins, M. D.
(Address) Jammington 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.

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

SUPPLEMENTARY

