

REC'D MAY 18 1938

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

Do not use this space.

14208

1. PLACE OF DEATH
 County... *Callaway* Registration District No. *105*
 Township... *St. Robert* Primary Registration District No. *4064*
 City... *Mokane* (No. _____ St. _____ Ward)
 2. FULL NAME... *Laura Ann Blackburn* *491*
 (a) Residence, No. _____ St. _____ Ward. (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

MEDICAL CERTIFICATE OF DEATH

3. SEX *Female*
 4. COLOR OR RACE *White*
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF *James Blackburn*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept. 26, 1858*
 7. AGE YEARS *79* MONTHS *6* DAYS *12* If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housekeeper*
 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) *Callaway County Missouri*
 13. NAME *Marshall Gibson*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Callaway County Missouri*
 15. MAIDEN NAME *Mary Catharine Wren*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Callaway County Missouri*
 17. INFORMANT (ADDRESS) *James Gibson Portland, Mo.*
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Mokane, Mo.* DATE *Apr. 10, 1938*
 19. UNDERTAKER (ADDRESS) *Glen Y. Manspin Mokane, Mo.*
 20. FILED *4/18/1938* *W. H. Williamson Registrar.*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 8, 1938*
 22. I HEREBY CERTIFY, That I attended deceased from *Nov 1, 1937* to *Apr 7, 1938*
 I last saw h. or alive on *Apr 7, 1938*. Death is said to have occurred on the date stated above, at *10:30 a.m.*
 The principal cause of death and related causes of importance were as follows:
nephritis (chronic)
 Date of onset _____
 Other contributory causes of importance:
7 yrs.
 Name of operation _____ Date of _____
 What test confirmed diagnosis? *none* 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?
 If so, specify _____
 (Signed) *J. E. O'Connell*, M. D.
 107 (Address) _____

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS SIGNATURE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

