

WHITE PLAIN, WITH UNFURNISHED - THIS IS A TEMPORARY RECORD

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 JUN 15 1938

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

Do not use this space.

18462

1. PLACE OF DEATH

County Jackson

Registration District No. 400

File No.

Township

Primary Registration District No. 4235

Registered No. 107

City Fris Summit (No. 421)

St. Ward

2. FULL NAME

Clara L. Blackwell

(a) Residence, No. Fris Summit St. 421 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred all yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>7</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John R. Blackwell Sr.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 29 1870</u>		
7. AGE YEARS <u>67</u>	MONTHS <u>11</u>	DAYS <u>25</u>
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</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>5/38</u>	
	11. Total time (years) spent in this occupation <u>all</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jackson Co. Mo.</u>		
MOTHER	13. NAME <u>Geo. W. Kreeger</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Winston Salem N.C.</u>	
	15. MAIDEN NAME <u>Armanda Smith</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
17. INFORMANT (ADDRESS) <u>Clara L. Blackwell (Daughter)</u> <u>Fris Summit Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Fris Summit</u> DATE <u>5/26/38</u>		
19. UNDERTAKER (ADDRESS) <u>W. B. Langford</u> <u>Fris Summit Mo.</u>		
20. FILED <u>5-55-38</u> <u>William J. Fields</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-24, 1938

22. I HEREBY CERTIFY, That I attended deceased from 5-22, 1938, to 5-24, 1938

I last saw her alive on 5-24, 1938 Death is said to have occurred on the date stated above, at 9:00 p. m.

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

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Spinal fluid 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) W. B. Langford M. D.
(Address) Fris Summit, Mo.

