

BEG AUG 23 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

24623

Do not use this space.

1. PLACE OF DEATH

(a) County **Barry** Registration District No. **30**
 (b) Township Primary Registration District No. **3003** Registered No. **27**
 (c) City **Monett** (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 **Mary Ellen Blackwell**

(a) Residence, No. **W. Cale St.** St. ☐ (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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 OF
 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 21, 1868**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
70 1 14

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **At home**

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) **Lincoln Co. Mo.**

13. NAME **James Douglas**

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

15. MAIDEN NAME **Lucinda Cox**

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

17. INFORMANT (ADDRESS) **Mary Mosley Monett, Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **I.O.O.F.** DATE **July 7, 1938**

19. FUNERAL DIRECTOR (ADDRESS) **Callaway's Monett, Mo.**

20. FILED **77-38 W. A. West** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 5, 1938**

22. I HEREBY CERTIFY That I attended deceased from **Feb 5 - 1937 to July 5 - 1938**

I last saw her alive on **July 5, 1938** Death is said to have occurred on the date stated above, at **4:45 P.M.**

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

Myocarditis and arterio
Sclerosis

9351

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? **NO**
 If so, specify _____
 (Signed) **L. A. Ferguson**, M. D.
Monett, Mo. (Address) **NO**

STATEMENT BY LICENSED EMBALMER

I, J. P. Buchanan, Licensed Embalmer No. 3179

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E.

No. or by, Registered Apprentice No. 3179
working under my personal supervision.

Signed J. P. Buchanan

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)