

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

25930  
 Do not use this space.

REC'D AUG 25 1938

1. PLACE OF DEATH

(a) County Mississippi Registration District No. 566  
 (b) Township Waverly Primary Registration District No. 3030 Registered No. 88  
 (c) City Charleston (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
 (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 LINA BLACKBURN H 21

(a) Residence, No. 214 Vine 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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
 (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 1, 1872

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. min.
	<u>66</u>	<u>4</u>	<u>26</u>	

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) Charleston No. D

FATHER

13. NAME George Hunter

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

MOTHER

15. MAIDEN NAME Julia Winn

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

17. INFORMANT (ADDRESS) Irene J. May

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cemetery DATE July 29, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Frank S. Vernon

20. FILED 7-27-1938 J. S. Vernon Local Registrar.

**MEDICAL CERTIFICATE OF DEATH** 8 P.M.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 22, 1937, to July 27, 1938. I last saw him alive on July 25, 1938. Death is said to have occurred on the date stated above, at 8 P.M. The principal cause of death and related causes of importance were as follows:

Mitral Insufficiency

Date of onset 1931

Other contributory cause of importance Chronic Nephritis, Hypertension

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis EC Symp 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) Frank S. Vernon, M. D. (Address) Charleston No.

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.

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.)**

**If this body is not embalmed, above space should be left blank.**