

DECD SEP 14 1938

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

Do not use this space.

30116

1. PLACE OF DEATH

County Scott
Township Lynn
City Oran (No. 4496)

Registration District No. 830
Primary Registration District No. 4496

File No. 30116
Registered No. 4496
St. Oran Ward 4

2. FULL NAME Eva Blackwell

(a) Residence, No. 424 St. Oran Ward 4
(Usual place of abode)

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 Allen Blackwell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 2, 1902

7. AGE YEARS 36 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. 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) (STATE OR COUNTRY) Oran, Mo

13. NAME Jaher Dunn

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

15. MAIDEN NAME Lucindy Milton

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

17. INFORMANT (ADDRESS) Allen Blackwell

18. BURIAL, CREMATION, OR REMOVAL PLACE Hunter Cem DATE 8/17, 1938

19. UNDERTAKER (ADDRESS) Chapman & Hubbard

20. FILED 9/9 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/14, 1938

22. I HEREBY CERTIFY, That I attended deceased on 8/14, 1938

I last saw her alive on 8/14, 1938. Death is said to have occurred on the date stated above, at 10:30 p.m.

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

Puerperal
Septicemia
8/14/38

Other contributory causes of importance: 142

Name of operation Pregnancy Date of 8/14/38
(Sons)

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? 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 X

Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify JA Cane, M. D.

(Signed) JA Cane (Address) Oran Mo

Registrar Wickman

