

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.

OCT 18 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

33512

Do not use this space.

1. PLACE OF DEATH

(a) County Sullivan Registration District No. 852
 (b) Township Pleasant Hill Primary Registration District No. 6122
 (c) City Millan (d) Street No. _____
 (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.

Registered No. _____

2. PRINT FULL NAME

(a) Residence, No. Henry Blackman St. Mo
 (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 Male 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 Kate Blackman
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 14, 1852
 7. AGE YEARS 86 MONTHS 3 DAYS 21 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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) London 4
 (STATE OR COUNTRY) England 6

FATHER 13. NAME William Blackman
 14. BIRTHPLACE (CITY OR TOWN) London
 (STATE OR COUNTRY) England

MOTHER 15. MAIDEN NAME Mary Garrett
 16. BIRTHPLACE (CITY OR TOWN) Angmering
 (STATE OR COUNTRY) England

17. INFORMANT (ADDRESS) G. H. Blackman
Millan

18. BURIAL, CREMATION, OR REMOVAL PLACE Int. Grav. DATE Sept 7, 1938

19. FUNERAL DIRECTOR (ADDRESS) Reagin & Son
Millan

20. FILED Oct 1, 1938 Leo Hagan
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 31, 1938, to Sept 5, 1938

I last saw him alive on Aug 31, 1938. Death is said

to have occurred on the date stated above, at 8:30 a.m.

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

Probably a cancer of sigmoid beginning 2 or 3 years ago.

Date of onset

Other contributory causes of importance: NO

Name of operation NO Date of _____

What test confirmed diagnosis Path. exam. 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. S. Montgomery, M. D.

(Address) Millan Mo

RECEIVED
DISTRICT HEALTH OFFICE, No. 10
DISTRICT FILE NUMBER 19-38-404
Date Filed 10-3-80

STATEMENT BY LICENSED EMBALMER

I, Russell C. Higgins, Licensed Embalmer No. 3792
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Wm. H. Husted
L. E.
No. 3304 or by _____, Registered Apprentice No. _____
working under my personal supervision.
Signed Russell C. Higgins
Licensed Embalmer No. 3792

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.)