

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 DEC 16 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

38785

Do not use this space.

1. PLACE OF DEATH

(a) County Camden(b) Township Angelsize(c) City Stoutland(d) Street No. 2Registration District No. 275Primary Registration District No. 5170B

Registered No. _____

(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

SMITH HAMILTON BLACKBURN

(a) Residence, No. _____

(Usual place of abode, if no street address, write county or city)

St. ☐

(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)

married5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OFMary K Blackburn

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

April 5 1859

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, _____ hrs.
or _____ min.79725

OCCUPATION

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)

2 years ago11. Total time (years) spent in this occupation all his life12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Newton County Mo

FATHER

13. NAME

Isaac Blackburn14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)North Carolina

MOTHER

15. MAIDEN NAME

MAT-THA Jattum16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)North Carolina17. INFORMANT
(ADDRESS)Carl Blackburn
Stoutland Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Stoutland Cemetery DATE Dec 2 193819. FUNERAL DIRECTOR
(ADDRESS)Virgil Evans
Stoutland, Mo

20. FILED

Dec 3 1938 Mrs. Mae Paul Mooney
Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

Nov 30 1938

22. I HEREBY CERTIFY That I attended deceased from

Nov 26 1938 to Nov 30 1938I last saw him alive on Nov 30 1938 Death is saidto have occurred on the date stated above, at 7:30 P. m.

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

Influenza & middle
ear infection

Date of onset

Other contributory causes of importance:

old ageName of operation none Date of _____What test confirmed diagnosis? red sick disc 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 2 1938Where 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) C. E. Cartwright(Address) Stoutland Mo

RECEIVED

District Health Officer No. 7,

District File Number 7-38-445

Date Filed 12-5-38

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

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

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

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.)