

REC'D FEB 25 1938

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

3177
Do not use this space.

1. PLACE OF DEATH

(a) County Montgomery Registration District No. 589
(b) Township Beauregard Primary Registration District No. 5787a Registered No. 5
(c) City High Hill Mo. (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.
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME

421 Daniel Gardner Blackburn
(a) Residence, No. High Hill, R.F.D. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 23, 1939

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. D. S. Blackburn

22. I HEREBY CERTIFY, That I attended deceased from August 16, 1934, to Jan. 23, 1939

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 14, 1868

I last saw him alive on January 23, 1939 Death is said to have occurred on the date stated above, at 8 A.M.
The principal cause of death and related causes of importance were as follows:

7. AGE YEARS 69 MONTHS 11 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.

Myocarditis, Chronic
Arterial hypertension

Date of onset
1934
1934

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) _____ 11. Total time (years) spent in this occupation _____

Other contributory causes of importance: 92C

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

FATHER 13. NAME Ed. Blackburn

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

MOTHER 15. MAIDEN NAME H. Robinson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT (ADDRESS) Buell Blackburn
High Hill R.F.D.

Name of operation _____ Date of _____
What test confirmed diagnosis? 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.

18. BURIAL CREMATION, OR REMOVAL PLACE Mount Pleasant DATE Jan 25 1939

Manner of injury _____
Nature of injury _____

19. FUNERAL DIRECTOR (ADDRESS) C. M. Thumrow
Parisburg Mo.

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify _____
(Signed) Buell Mansfield, M. D.

20. FILED Jan. 28, 1938 X
Local Registrar.

887 (Address) Montgomery City, Missouri

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 the above constitutes grounds for revocation of license.)

*Please fill out and
give to the
D. W. Johnson*

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

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1. PLACE OF DEATH

(a) County Montgomery Registration District No. 589
 (b) Township Beauregard Primary Registration District No. 5789 u Registered No. 0
 (c) City _____ (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 Daniel Gardner Blackburn

(a) Residence, No. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs O. S. Blackburn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 14 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 11 9

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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) _____

FATHER 13. NAME Ed Blackburn

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

MOTHER 15. MAIDEN NAME H. Robinson

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

17. INFORMANT (ADDRESS) Pearl Blackburn
High Hill R. F. D.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Pleasant DATE 1-25 1939

19. FUNERAL DIRECTOR (ADDRESS) C. N. Hiernon
Goneburg Mo.

20. FILED March 28 1939 Mary Lou Flemer
March 21 Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-23 1939

22. I HEREBY CERTIFY, That I attended deceased from 8-10 1939 to 1-23 1939

I last saw him alive on 1-23, 1939. Death is said to have occurred on the date stated above, at 8 A. M.
 The principal cause of death and related causes of importance were as follows:

myocarditis
arterial Hypertension

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? _____
 If so, specify Reel Drenefee, M. D.
 (Signed) _____ (Address) Montgomery City Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

