

REC'D MAR 17 1939

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

Do not use this space.

7276

1. PLACE OF DEATH

County *Montgomery*
Township *Upper Centre*
City *Waverly* (No. *1*)

Registration District No. *595*
Primary Registration District No. *5791*

File No. *5*
Registered No. *5*

2. FULL NAME

Jabot Raybell Blackshaw, Jr

(a) Residence, No. *65-5-91* St. *Ward.*

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred *65* yrs. *5* mos. *91* ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. COLOR OR RACE *W.* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF *Mary E. Blackshaw*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec. 9, 1873*

7. AGE YEARS *65* MONTHS *5* DAYS *129* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Farming*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Same*

10. Date deceased last worked at this occupation (month and year) *1937* 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Montgomery, Mo*

13. NAME *Jabot Blackshaw Sr*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *England*

15. MAIDEN NAME *Ernie Logwood*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *England*

17. INFORMANT *Mr. Mary Elizabeth Blackshaw* (ADDRESS) *Waverly, Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Waverly, Mo* DATE *2-9-39*

19. UNDERTAKER (ADDRESS) *Waverly, Mo*

20. FILED *Feb 9, 1939* *Mrs. Mike Mc Dermott* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb 7, 1939*

22. I HEREBY CERTIFY, That I attended deceased from *Feb 4, 1939* to *Feb 6, 1939*

I last saw him alive on *Feb 6, 1939* Death is said to have occurred on the date stated above, at *4:00 a.m.*

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

*Arteriosclerotic Heart Disease
Hypertensive Compulsion
Myocardial Infarction
Intestinal Obstruction*

Other contributory causes of importance: *None*

Name of operation *none* Date of *none*

What test confirmed diagnosis *Rever* 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) *R. S. Stanford* M. D.

(Address) *Waverly, Mo*

Waverly, Mo

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.

