

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

Do not use this space.

REC'D MAR 15 1939

1. PLACE OF DEATH

County Polk

Township Johnson

City Humansville

Registration District No. 703

Primary Registration District No. 4424

File No. 7537

Registered No. _____

St. _____

Ward _____

2. FULL NAME

(a) Residence, No. _____

(Usual place of abode)

St. _____

Ward. _____

(If nonresident, give city or town and State)

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

Nelson R. Blackwell

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

Oct 10 1870

7. AGE

YEARS

MONTHS

DAYS

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

68

4

15

OCCUPATION

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.

None

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)

mo

FATHER

13. NAME

James F. Fisher

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Tenn

MOTHER

15. MAIDEN NAME

Milissa Moss

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Tenn

17. INFORMANT

(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

McCracken Cemetery Feb 27 1939

19. UNDERTAKER

(ADDRESS)

Joseph P. Finestone Humansville, Mo

20. FILED

Mar. 10 1939 Ore M. Rich

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Feb 25 1939

22. I HEREBY CERTIFY, That I attended deceased from

Feb 23 1939 to Feb 25 1939

I last saw her alive on Feb 25 1939 Death is said

to have occurred on the date stated above, at 4:25 P.

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

Date of onset

Cerebral Hemorrhage 48 hrs

Other contributory causes of importance:

87 hrs

Name of operation

none

Date of

What test confirmed diagnosis

clinical

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

(Signed)

R. M. Harris

M. D.

632 (Address)

Humansville Mo

RECEIVED

District Health Officer No. 71

District File Number 7-39-4450

Date Filed 3-11-39

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

75-37
Do not use this space.

1. PLACE OF DEATH

(a) County Polk Registration District No. 703
(b) Township Humansville Primary Registration District No. 4424
(c) City Humansville (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 Amanda C Blackwell

(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

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

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

7. AGE YEARS 68 MONTHS 4 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____

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) _____

13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) Mrs. Fred Ward
Humansville, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____, 19____

19. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED Mar. 10, 1939 Ora M. Rich
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-25-1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.

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

Date of onset _____

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 _____

(Signed) R. C. Evans, M. D.

(Address) Humansville, Mo.

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