

REC'D APR 19 1939

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

11778  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Pemiscot Registration District No. 651  
(b) Township 1 Primary Registration District No. 4388 Registered No. 87  
(c) City Caruthersville (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 Ruby Louise Blackburn

(a) Residence, No. 204 w 4 th. St. 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 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 B. Berry Morris

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 22 1918

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
20 8 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. house work  
9. Industry or business in which work was done, as saw mill, bank, etc. Home  
10. Date deceased last worked at this occupation (month and year) March 1st. 1939 11. Total time (years) spent in this occupation 8 1/2

12. BIRTHPLACE (CITY OR TOWN) Leachville (STATE OR COUNTRY) Ark.

FATHER 13. NAME Foster Parish Blackburn

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

MOTHER 15. MAIDEN NAME Pearl Royal

16. BIRTHPLACE (CITY OR TOWN) Evansville (STATE OR COUNTRY) Ind.

17. INFORMANT Parish Blackburn (ADDRESS) Caruthersville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Caruthersville Mo. DATE 3/5/1939

19. FUNERAL DIRECTOR J. P. La Forge (ADDRESS) Caruthersville, Mo.

20. FILED March 10, 1939 Ada Martin Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 4/39, 19

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19, to \_\_\_\_\_, 19,

I last saw him alive on \_\_\_\_\_, 19. Death is said

to have occurred on the date stated above, at 330p.m.

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

Cause of death unknown.

no attending Doctor in past six months. No doubt but what death occurred from natural causes.

Other contributory causes of importance: unknown

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? none 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) Jack Kelley Coroner

541 (Address) Hayti Mo.

RECEIVED  
District Health Officer No. 3,  
District File Number 39-260  
Date Filed 4-10-39

**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. *Not embalmed*  
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.)**