

REC'D APR 11 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

 11940
Do not use this space.

1. PLACE OF DEATH

(a) County..... Platte

(b) Township.....

(c) City..... Weston

(e) Length of residence in city or town where death occurred

Registration District No. 698

Primary Registration District No. 4420

(d) Street No.

(If death occurred in Hospital or Institution, write its name instead of street and number) St.

(f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Matilda Blacketter

(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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

James Blacketter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 18, 1859

7. AGE

YEARS

79

MONTHS

3

DAYS

14

If LESS than 1

day, hrs.

or min.

OCCUPATION

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.

House-wife

10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Weston

Mo.

FATHER

13. NAME Thomas B Rogers

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

Ireland

MOTHER

15. MAIDEN NAME Catherine Murdock

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

Platte Co.

MO

17. INFORMANT
(ADDRESS)

Oliver Snow

Weston

Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Pleasant Ridge

DATE Mar. 4th 1939

19. FUNERAL DIRECTOR (NAME)
(ADDRESS)J. H. Brill
Weston Mo.

20. FILED

3/3

1939

J. H. Brill
Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

3-1-1939

22. I HEREBY CERTIFY, That I attended deceased from

2/21/1939, to 3/1/1939, 19

I last saw her alive on 3/1/1939. 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:

 Chronic Myocarditis
 Chronic Nephritis
 131

Date of onset

Other contributory causes of importance:

Arteriosclerosis

Name of operation

none

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)

(Address)

 R. J. Feeney, M.D.
 Weston, Mo.

RECEIVED

District Health Officer No. 11,

District File Number 39-197

Date APR 5 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.)

If this body is not embalmed, above space should be left blank.