

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.

REC'D JUN 12 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

791
1008

17040

1. PLACE OF DEATH

County.....
 Township.....
 City..... (No. *424*) *Clayburn Blackwell*
 Registration District No. *2*
 Primary Registration District No. *1*
 File No. *4574*
 Registered No. *4574*
 (Ward) *Ward*

2. FULL NAME

(a) Residence, No. *NR* St. *NR* Ward. *Walnut Ridge, Ark*
 (Usual place of abode) (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 *M* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *widowed*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *August 25, 1866*

7. AGE YEARS *72* MONTHS *8* DAYS *23* If LESS than 1 day, ... hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none*
 9. Industry or business in which work was done, as silk mill, 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) *Wayne Co. Mo* (STATE OR COUNTRY)

13. NAME *Strother Blackwell*

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

15. MAIDEN NAME *Susanne Hanner*

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

17. INFORMANT *Susanne Blackwell* (ADDRESS) *Walnut Ridge, Ark*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Walnut Ridge, Ark* *5-23* 19 *9*

19. UNDERTAKER *A.H. Hoppe Inc.* (ADDRESS) *4700 Washington*

20. FILED *MAY 19 1939* *J.D. Blackwell* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 18* 19 *39*

22. I HEREBY CERTIFY, That I attended deceased from *April 19*, 19 *39*, to *May 18*, 19 *39*
 I last saw him alive on *May 15*, 19 *39*. Death is said to have occurred on the date stated above, at *6:25 a.m.*

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

Cancer of left arm with metastases
Primary seat in soft tissue of skin
Anemia
 Date of onset *3 yrs*
1 mo

Other contributory causes of importance: *62*

Name of operation *Amputation arm* Date *April 21*

What test confirmed diagnosis? *Copsy* 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 *Amputation* (Signed) *J.M. MARTIN*

(Address) *607 No 9th*

Come back again
CP