

FILED
JAN 1940

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

6575
Do not use this space.

FILED FEB 13 1940

1. PLACE OF DEATH

(a) County Gasconade Registration District No. 304
(b) Township 1 Primary Registration District No. 5427
(c) or City Gasconade (d) Street No. 424 St. 13
(e) Length of residence in city or town where death occurred 29 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME WILLIAM ROBERT BLACKWELL

(a) Residence, No. Gasconade, MO 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Della Blackwell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 9, 1868</u>		
7. AGE YEARS <u>71</u>	MONTHS <u>1</u>	DAYS <u>17</u>
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Retired</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Mechanic</u>	
	10. Date deceased last worked at this occupation (month and year) <u>1935</u>	
FATHER	11. Total time (years) spent in this occupation <u>35</u>	
	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hayden Missouri 0</u>	
	13. NAME <u>Richard Blackwell</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Redbird Missouri 0</u>	
	15. MAIDEN NAME <u>Elizabeth Perking</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Redbird Missouri 0</u>	
17. INFORMANT <u>Lloyd Blackwell</u> (ADDRESS) <u>Gasconad, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Gasconad City Co. Mo.</u> <u>1-28-40</u>		
19. FUNERAL DIRECTOR (NAME) <u>HUGO H. Blumer</u> (ADDRESS) <u>Hermann, Mo</u>		
20. FILED <u>2-10-40</u> 19 <u>40</u> <u>F. R. Kier</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-26-1940

22. I HEREBY CERTIFY, That I attended deceased from 1-16- 1940, to 1-26- 1940
I last saw him alive on 1-25- 1940. Death is said to have occurred on the date stated above, at 5:00 a.m.
The principal cause of death and related causes of importance were as follows:
Coronary Occlusion
Date of onset 1-16-40

Other contributory causes of importance:
Hypertension

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? Yes

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) Howard H. Korman M. D.
275 (Address) Hermann Mo

WHITE PAPER, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1 X16005

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. 3160

P. O. Address Hermann, Mo

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.