

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.

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

Do not use this space.

7392

1. PLACE OF DEATH

County PikeRegistration District No. 484Township 2mmPrimary Registration District No. 5914City (No.)File No. Registered No. 6St. Ward

2. FULL NAME

Andrew M. Blackwell(a) Residence, No. Ward.

(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

male

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 OFSallie D. Blackwell

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

June 3rd 1874

7. AGE

YEARS

MONTHS

DAYS

If LESS than

day, hrs.

or min.

65 7 17

OCCUPATION

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

Farmer

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) (STATE OR COUNTRY)

Lincoln Co. Mo.

FATHER

13. NAME

B. F. Blackwell

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

Virginia

MOTHER

15. MAIDEN NAME

Ella Hammack

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

Lincoln Co. Mo.

17. INFORMANT (ADDRESS)

Miss Harri Blackwell

18. BURIAL, CREMATION, OR REMOVAL

Castro CemeteryDATE 1 221940

19. UNDERTAKER (ADDRESS)

Grace Thacker

20. FILED

2-14-1940J. J. Dummer

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/20/40, 19

22. I HEREBY CERTIFY, That I attended deceased from

 , 19 , to , 19 .I last saw h. alive on , 19 . Death is saidto have occurred on the date stated above, at 3 0 m.

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

Coronary thrombosis

Date of onset

Other contributory causes of importance:

946Name 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) Porter T. W. Green, M. D.(Address)

U.S. GOVERNMENT
PRINTING OFFICE
1937

RECEIVED

District Health Officer No. 10

District File Number 3-40-482

Date Filed MAR 5 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 7792

Registration District No. 684

Primary Registration District No. 5914

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Pike
(b) City or town Sumner
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRIN Andrew M Blackwell
FULL

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 7 17 _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 2-15-1948 (b) W. B. Sumner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Pike
(c) City or town Rural
(If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years

20. DATE OF DEATH: Month 1 day 20

year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____

that I last saw him alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Partey Taylor _____

Address Lowling Green _____ Date signed _____

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

SUPPLEMENTARY

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

