FILED MAR 20 1942

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

7396
Do not use this space. 7

1. PLACE OF DEATH

(a) County Nodaway — Registration District No. 618

(b) Township Nodaway Twp — Primary Registration District No. 5820 — Registered No. 0

(c) City Near Burlington Junction — (d) Street No. 1 — St. 0

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

2. PRINT FULL NAME William Martin Blackford 0

(a) Residence, No. Burlington Junction 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: Male 0
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed 2

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Alice Blackford

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May-28-1854

7. AGE: YEARS 87 — MONTHS 8 — DAYS 23 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farming
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation lifetime

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Monroe Green Co. Wisconsin

FATHER

13. NAME: Thomas B. Blackford
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Wisconsin

MOTHER

15. MAIDEN NAME: Rachel Lewis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Wisconsin

17. INFORMANT (ADDRESS): F. J. Blackford Burlington Jct MO

18. BURIAL, CREMATION, OR REMOVAL
PLACE Braddyville Ia. Cem DATE Feb-22 1942

19. FUNERAL DIRECTOR (NAME) (ADDRESS): O. B. Holton Braddyville Ia

20. FILED Feb 21 1942 J. R. Stone Jr. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 20- 1942

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1941 to Feb 20 1942
I last saw him alive on Feb 18 1942. Death is said to have occurred on the date stated above, at 11:00 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Nephritis	2
Hypertrophy of prostate	2

Other contributory causes of importance: Senility

131b

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) B. K. Bylund, M. D.
(Address) Burlington Jct MO

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, 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.

I X14028

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, O B Hallin, or by .....,

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

Signed O B Hallin

Licensed Embalmer No. 3251

P. O. Address Brandywine Md

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.