

Primary Registration District No. **4009**

1. PLACE OF DEATH:

(a) County **Andrew**
 (b) City or town **Barreman**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution **D. Nichols Sanatorium**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **7 DAYS**
 In this community **7 DAYS**
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Texas** (b) County **Leon** **991**
 (c) City or town **BULA** **41**
 (If outside city or town limits, write "RURAL") **0**
 (d) Street No. **2**
 (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME

Bertie Lee Blackman

3. (b) If veteran, **no**
 name war

3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **11**
 year **1948** hour **2** minute **30 AM**

21. I hereby certify that I attended the deceased from **Sept 11**, 19**48**, to **Sept 11**, 19**48**
 that I last saw **him** alive on **Sept 11**, 19**48**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion**
 Due to

Duration **1 1/2 hr**
PHYSICIAN
 Underline the cause of which death should be charged statistically.

4. Sex **Male** 5. Color or race **w**
 6. (a) Single, widowed, married, divorced **m**
 6. (b) Name of husband or wife **Nettie Pierce Blackman**
 6. (c) Age of husband or wife if alive **66** years
 7. Birth date of deceased **OCT - 19 - 1880**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 **10** **22** hr. min.

9. Birthplace **Leon County Texas**
 (City, town, or county) (State or foreign country)

10. Usual occupation **RAYMER**

11. Industry or business **Farming**

12. Name **J. S. Blackman** **4**

13. Birthplace **No Record No Record**
 (City, town, or county) (State or foreign country)

14. Maiden name **Bain**

15. Birthplace **No Record No Record**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Nettie Blackman**

(b) Address **Bula Texas**

17. (a) **None** (b) Date thereof **9-11-48**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sanhedon Texas**

18. (a) Signature of funeral director **E. C. Beck**

(b) Address **Jarvis Mo**

19. (a) **9-27-48** (b) **L. L. Clark**
 (Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **9/10**
 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?

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

23. Signature **JEOTHARD MD** (M. D. or other)

Address **Barreman** Date signed **9/11/48**

MOTHER, FATHER

APR 28 1949

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

E. C. Breit

Licensed Embalmer No.....

2650

P. O. Address.....

Savannah

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.