

APR 21 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

11436

1. PLACE OF DEATH

County LinnRegistration District No. 296Township 1Primary Registration District No. 3025City Marion

File No. _____

Registered No. 34

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____

(Usual place of abode)

St. _____

Ward _____

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: <u>James Blackburn</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 3, 1851</u>		
7. AGE YEARS <u>84</u>	MONTHS <u>4</u>	DAYS <u>13</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At home</u>
	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) <u>Marion, Mo.</u>
--

13. NAME <u>Lilas Hill</u>

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn.</u>
--

15. MAIDEN NAME <u>Charlotte Dean</u>
--

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn.</u>
--

17. INFORMANT (ADDRESS) <u>Anna Blackburn</u>

18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Burdin</u> DATE <u>Apr 9, 1936</u>
--

19. UNDERTAKER (ADDRESS) <u>James P. Burdick</u>
--

20. FILED <u>April 9, 1936</u> <u>Missueas, m. d.</u> Registrar
--

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/16 193622. I HEREBY CERTIFY, That I attended deceased from 3/17 1936 to 3/16 1936I last saw h. alive on 3/16 1936 Death is saidto have occurred on the date stated above, at 9:00 a.m.

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

Date of onset

Other contributory causes of importance:

Name 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 _____ 1936

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) James P. Burdick, M. D.(Address) Burdin, Mo.

Journal of Management Education 36(7)>