

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

Do not use this space.

36406

10448

1. PLACE OF DEATH
County Jackson Registration District No. 1002
Township Kaw Primary Registration District No. 1002
City Wassas City (No. Research Hospital)
St. _____ (Ward) _____
2. FULL NAME Mrs Callie M Blackford
(a) Residence. No. _____ St. _____ Ward. Paris Mo.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 14 da. How long in U.S., if of foreign birth? yrs. mos. da.

File No. _____
Registered No. 1002
St. _____ (Ward) _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Fe 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. H. Blackford
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 12 - 1862
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
63 2 0
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____
9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Mo.
10. NAME OF FATHER B B Broughton
11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Anna Warden
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Unknown

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 12 1925
17. I HEREBY CERTIFY, That I attended deceased from 12/10/25 to 12/10/25, 19____, that I last saw her alive on 12/10/25, 19____, and that death occurred, on the date stated above, at _____ m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
12 cent. dilatation heart
Cholelithiasis, Myocarditis
18. WHERE WAS DISEASE CONTRACTED _____ IF NOT AT PLACE OF DEATH Paris Mo
DID AN OPERATION PRECEDE DEATH? yes DATE OF 12/9/25
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? _____
(Signed) W. H. [Signature] M. D.
12 (Address) 1325 [Address]

14. INFORMANT W. H. Blackford DATE OF BURIAL Dec 13 1925
(Address) Paris Mo.
15. FILED Dec 13 1925 M. M. Crowe REGISTRY
19. PLACE OF BURIAL, CREMATION, OR REMOVAL Paris Missouri ADDRESS: City
20. UNDERTAKER M. M. Newscom's Sons

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.

