

JUN 24 1929

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

Do not use this space.

17172

1. PLACE OF DEATH

County Barry Registration District No. 30
Township Monett Primary Registration District No. 3003
City Monett (No.) St. Ward)

File No.
Registered No. 42
St. Ward)

2. FULL NAME

Geo. R. Blackwell
(a) Residence No. St. 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (or) WIFE OR Miss Ellen Blackwell
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 19 1868
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 1 5

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Section Labour
(b) General nature of industry, business, or establishment in which employed (or employer) Trisco R.R. Co
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Jefferson
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Jim Blackwell

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't know
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Sethames

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know
(STATE OR COUNTRY)

14. INFORMANT Mrs. Ellen Blackwell
(Address) Monett Mo.

15. FILE NO. 5-24 19 29 W. M. West
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-24 1929
17. I HEREBY CERTIFY, That I attended deceased from May 18 1929, to May 23 1929, that I last saw him alive on May 23 1929, and that death occurred, on the date stated above, at 5-24-29 6 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of Bowels

45 (duration) yrs. 9 mos. da.
CONTRIBUTORY (SECONDARY) Fame
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? NO DATE OF

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) C. T. Duesbury, M. D.
, 19 (Address) Monett Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL 2007 Cem.
Jefferson Mo. DATE OF BURIAL 5-25 1929

20. UNDERTAKER Callaway's
ADDRESS Monett

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.

2337
1
31
31

