

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.

MAR 24 1934  
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**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**1. PLACE OF DEATH**

County Boone Registration District No. 73 File No. 3930  
 Township Columber Primary Registration District No. 3006 Registered No. 58  
 City Columber (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Francis Blackman  
 (a) Residence, No. 603 Webster St., \_\_\_\_\_ Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE Weps 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widow  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Julius Blackman  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-4-1876  
 7. AGE YEARS 57 MONTHS 6 DAYS 19 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home  
 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) Boone County (STATE OR COUNTRY) Missouri  
 13. NAME Don't know  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_  
 15. MAIDEN NAME Lucy Washington  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone County Missouri  
 17. INFORMANT Angie Carter (ADDRESS) Columber, Missouri  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Columber, Missouri DATE 2-26 1934  
 19. UNDERTAKER Shelby Walker (ADDRESS) Columber, Missouri  
 20. FILED 2/26 1934 Allie Selby Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 23 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 21 1934 to Feb 23 1934

I last saw her alive on Feb 23 1934 Death is said to have occurred on the date stated above, at 4:45 PM

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

108 Water Pneumonia  
 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 \_\_\_\_\_ 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_

(Signed) O. D. Moor, M. D.  
 (Address) Columber Mo

