

REC'D AUG 23 1938

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

24894
Do not use this space.

1. PLACE OF DEATH

(a) County Coleman Registration District No. 104
 (b) Township Bourbon Primary Registration District No. 5156 Registered No. 174
 (c) City Millersburg (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Thomas Beahan Blacklock 424
 (a) Residence, No. Millersburg Mo St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 OF (OR) WIFE OF Ruth Blacklock

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 18, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 4 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Farmer
 9. Industry or business in which work was done, as 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) Vergennes Vermont

FATHER 13. NAME Robert Blacklock 4

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland 4

MOTHER 15. MAIDEN NAME Mary Daigh

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

17. INFORMANT (ADDRESS) Mrs J B Blacklock
Fulton Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Vergennes, Ill DATE July 13, 1938

19. FUNERAL DIRECTOR (ADDRESS) Geo W. Wheeler
Fulton Mo.

20. FILED July 12, 1938 R. T. Crews
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1938 to July 11, 1938
 I last saw him alive on July 10, 1938. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

Cancer of liver
and yellow jaundice
H6

Other contributory causes of importance: _____

Name of operation None 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? No
 If so, specify _____
 (Signed) Geo W. Wheeler M. D.
Fulton Mo. (Address) _____

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.

STATEMENT BY LICENSED EMBALMER

I, Geo G. Wallace, Licensed Embalmer No. 3373

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Geo G. Wallace

L. E.

No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed

Geo G. Wallace

Licensed Embalmer No. 3373

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