

REC'D DEC 16 1938

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

39463
Do not use this space.

1. PLACE OF DEATH

(a) County JAS. PER Registration District No. 411
(b) Township CAHONA Primary Registration District No. 2002
(c) City JOPLIN (d) Street No. ST. JOHN HOSPITAL Registered No. _____
(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. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 701 1/2 MAIN ST St. (If nonresident, give city or town and State)
Chas. F. Blackfish
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dessie
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 3 - 1894
7. AGE YEARS 44 MONTHS 6 DAYS 7 IF LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Hotel Operator
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) Ottawa Co
Iowa

13. NAME no Record

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no Record

15. MAIDEN NAME no Record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no Record

17. INFORMANT (ADDRESS) My Dessie Blackfish
Joplin Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE West Hill DATE 12/12/38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) HURNBUT UND. CO
212 Joplin St. Joplin Mo

20. FILED 12-13 1938 Ed L. James
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 9 - 38
22. I HEREBY CERTIFY, That I attended deceased from December 7, 1938 to Dec 9, 1938
I last saw him alive on Dec 9, 38 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:

Peritonitis
Gallstones
126

Other contributory causes of importance:
Perforated Gall Bladder abdomen distended with gas
Name of operation exploratory Date of Dec 5/38
What test confirmed diagnosis? surgey Was there an autopsy? yes

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) Ed L. James M. D.
(Address) Joplin Mo

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.

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RECEIVED BY [] STATE OFFICE
INDEX-CARD []
DATE 7/28/38

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed *Ray K. Hubbard*

Licensed Embalmer No. 959

P. O. Address *Jasper Mo*

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.)

If this body is not embalmed, above space should be left blank.