

DEC'D MAY 19 1939

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

14841
Do not use this space.

1. PLACE OF DEATH

(a) County Greene Registration District No. 314
(b) Township 1 Primary Registration District No. 4190 Registered No. 8
(c) City Stanbury Mo. (d) Street No. _____ St. _____
(e) Length of residence in city or town where death occurred 23 yrs. mos. ds. (f) How long in U. S., if of foreign birth? _____ yrs. mos. ds.

2. PRINT FULL NAME

JAMES C. BLACKLOCK
(a) Residence, No. Stanbury Missouri 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Carrie Blacklock.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-28-1865
7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
73 11 27

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) 3-15-1916 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

FATHER 13. NAME Thomas M. Blacklock

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

MOTHER 15. MAIDEN NAME Jeanie Crawford

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

17. INFORMANT Dr. D. E. Blacklock (ADDRESS) Living City, Mo.

18. BURIAL, CREMATION OR REMOVAL PLACE Highridge of Stanbury, Mo. DATE 4/27-1939

19. FUNERAL DIRECTOR (NAME) J. Evan Johnson (ADDRESS) Stanbury Mo.

20. FILED 4-26-1939 CS Beard Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/26-1939

22. HEREBY CERTIFY, That I attended deceased from 4/21-1939 to 4/26-1939
I last saw him alive on 4/26-1939 Death is said to have occurred on the date stated above, at 9:45 P m.
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis Date of onset 2/27/39
AH

Other contributory causes of importance:

Coronary Sclerosis 1930

Name of operation None Date of _____
What test confirmed diagnosis? no Was there an autopsy? no

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) J. C. Blacklock M. D.
286 (Address) Living City, Mo.

RECEIVED

District Health Officer No. 11;

District File Number 39-426

Date Filed MAY 4 1939

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.....

Licensed Embalmer No.....

P. O. Address.....

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.