

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

6131
Do not use this space.

1. PLACE OF DEATH

(a) County Callaway 3 Registration District No. 104
 (b) Township Primary Registration District No. 3008 Registered No. 50
 (c) City Fulton or (d) Street No. State Hospital No. 1 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 Ledie Blachburn

(a) Residence, No. High Jonesburg Mo St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles Blachburn
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 18, 1864
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 75 10 2
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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) Missouri

FATHER 13. NAME William Joiner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Carolina

MOTHER 15. MAIDEN NAME Leiza Caribo

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

17. INFORMANT (ADDRESS) Records State Hosp # 1, Fulton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Pleasant DATE Feb 23 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Carl A. Hedberg Stonealing Mo.

20. FILED Feb 21 1940 R. N. Creeve Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 20, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb 6 1940, to Feb 20, 1940.
 I last saw her alive on Feb 20, 1940. Death is said to have occurred on the date stated above, at 11:45 P.M.
 The principal cause of death and related causes of importance were as follows:

Decubitus Ulcers with secondary Infection
 Date of onset 2/16/40
121

Other contributory causes of importance: Chronic Interstitial Nephritis Intestinal

Name of operation Date of
 What test confirmed diagnosis? Clinical Judgement 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) George W. Farnham, M. D.
 (Address) State Hosp # 1, Fulton 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.

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.....

Carl A. Harding

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Carl A. Harding*

Licensed Embalmer No. *4115*

P. O. Address *Jonesburg, 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.