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

Do not use this space.

13293

1. PLACE OF DEATH
68 County Moniteau
1 Township Walker
2 City California (No. ..... St. ..... Ward)

Registration District No. 571
Primary Registration District No. 4935

File No. .....
Registered No. 20

2. FULL NAME Anna L. Blackman

(a) Residence, No. ..... St., ... Ward.
(Usual place of abode)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If nonresident, give city or town and State)

MAY 26 1932

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	W.	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: A. J. Blackman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 4 1860

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	71	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

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) (STATE OR COUNTRY): England

FATHER

13. NAME: John Hurley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER

15. MAIDEN NAME: Don't Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): R. Jr. Blackman California Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Moniteau DATE 4/27 1932

19. UNDERTAKER (ADDRESS): Williamson & Friedmeyer California Mo

20. FILED Apr. 26 1932 Geo. W. Roth Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apr. 25 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr. 12 1932, to Apr. 25 1932

I last saw h[illegible] alive on Apr. 12 1932. Death is said to have occurred on the date stated above, at [illegible] a. m.

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

	Date of onset
Hemorrhagic Angina Pectoris	
Arteriosclerosis	
338	

Other contributory causes of importance: (1)

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) J. B. Barnes Jr., M. D.
(Address) California Mo.