

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

Do not use this space.

3045

8

1. PLACE OF DEATH

County Putnam
Township Elmer
City Elmer (No.) St. Ward

Registration District No. 7 19
Primary Registration District No. 59 50

File No.
Registered No. 48

2. FULL NAME

Hillary Blubaugh
(a) Residence. No. St. W.
(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.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11-28-1854

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
74 1 5

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Ohio
(STATE OR COUNTRY)

10. NAME OF FATHER J. Blubaugh

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ohio
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

14. INFORMANT Vernon Blubaugh
(Address) Antonville, Mo

15. FILED Jan 29 1929 Chas. B. Harrison
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 3, 1929

17. I HEREBY CERTIFY That I attended deceased from Dec. 27, 1928 to Jan. 3, 1929 that I last saw him alive on Jan. 2, 1929 and that death occurred, on the date stated above, at

THE CAUSE OF DEATH WAS AS FOLLOWS:
Chronic Cardiac-Renal Disease

18. WHERE WAS DISEASE CONTRACTED Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 7013 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. H. Harrison H. D.

Jan. 5, 1929 (Address) Antonville, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Tahlequah, Okla DATE OF BURIAL Jan 5 1929

20. UNDERTAKER None ADDRESS

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.

