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.

MAY 22 1933

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

Do not use this space. 14058

1. PLACE OF DEATH
County Nodaway — Registration District No. 617
Township ~~Grant~~ — Primary Registration District No. 4368
City Barnard (No. ..., ... St. ..... Ward)

File No. ..... Registered No. 6

2. FULL NAME Albert Sidney Blagg
(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(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: 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 Sarah Louisa Blagg

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 16 1864

7. AGE: YEARS 68 — MONTHS 4 — DAYS 1 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher
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) Nodaway Co Mo

FATHER
13. NAME William Blagg
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER
15. MAIDEN NAME Synthia Moore
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT (ADDRESS) Sarah L. Blagg Barnard Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Barnard Cemetery DATE Apr 19 1933

19. UNDERTAKER (ADDRESS) Campbell Funeral Home Maryville Mo

20. FILED April 19 1933 Cha D Humbert Md Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 17 1933

22. I HEREBY CERTIFY, That I attended deceased from April 13 1933, to April 17 1933
I last saw him alive on April 16, 1933 Death is said to have occurred on the date stated above, at 9 P. m.
The principal cause of death and related causes of importance were as follows:
Inanition due to Progressive muscular atrophy of 1 year duration — Date of onset about March 1933

Other contributory causes of importance:
Carcinomas of bowels about 8 months duration

Name of operation none Date of —
What test confirmed diagnosis? Clinical 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) A D Barnet, M. D.
(Address) Guilford, Mo

Sat.-~~Sun.~~, June 3-~~4~~ 1933

ulfred Mr

Autopsy not having
been held it is
almost impossible
to state positively the
primary seat of infection
small bowels and
involvement were involved
Resp. A.S. Barnett

Days Past

153

211

ys to Come

1933 JUNE 1933

Sun.	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

SAT.-SUN., JUNE 3-4

Appointments

14058

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County: Madison — Registration District No.: 617
Township: — Primary Registration District No.: 4368
City: Bismarck (No. ..., St. ..., Ward)

File No.:
Registered No.: 6

2. FULL NAME: Albert Sidney Blagg
(a) Residence, No. ... St., ... Ward. ...
(Usual place of abode) (If nonresident, give city or town and State)
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): M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE — YEARS | MONTHS | DAYS | If LESS than 1 day, ...hrs. or ...min.

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)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE ... DATE ..., 19..

19. UNDERTAKER (ADDRESS)

20. FILED April 19, 1933 Cha D Humbrichs M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..., to ..., 19..
I last saw h... alive on ..., 19.. 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:

	Date of onset
Lymphosarcoma of Lungs	
Progressive muscular atrophy of legs, dysphagia	
Other contributory causes of importance:	
Transmigration of Lymphosarcoma to small intestines and duodenum	8 mo.

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) A. O. Barnett M. D.
(Address) Guilford, Mo.

SUPPLEMENTARY

460

8C0H1