

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

Do not use this space.

36173

1. PLACE OF DEATH
 County Gentry Registration District No. 309
 Township _____ Primary Registration District No. 4155
 City Albany (No. _____) St. _____ Ward _____

2. FULL NAME Katie G. Blabaugh
 (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.

File No. _____
 Registered No. 69
 _____ St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm Blabaugh
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 9 - 1866
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 0 17
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work none
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 26 1933
 17. I HEREBY CERTIFY, That I attended deceased from 11-21, 1933, to Nov. 26, 1933 that I last saw her alive on Nov. 26, 1933, and that death occurred, on the date stated above, at 10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis
93D
95B (duration) _____ yrs. mos. ds.
 CONTRIBUTORY Myocardial Thrombosis
 (SECONDARY) (duration) _____ yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Albany Mo.
 (STATE OR COUNTRY)
 10. NAME OF FATHER Volney Patches
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Not Known
 12. MAIDEN NAME OF MOTHER _____
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) _____

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? _____
 WHAT TEST CONFIRMED DIAGNOSIS Clinical
 (Signed) Frank H. Rose, M. D.
11-27-1933 (Address) Albany, Mo

14. INFORMANT Mrs. Tomie Magee
 (Address) Albany Mo.
 15. Dec. 12, 1933 W. G. Martin
 REGISTRAR

*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 Grandview
 20. UNDERTAKER A. J. Bare
 DATE OF BURIAL Nov. 28, 1933
 ADDRESS Albany

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.

38
 2 JAN 26 1934

PARENTS
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