MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH
County: Daviess — Registration District No.: 250 — File No.: 4422
Township: — Primary Registration District No.: 4150 — Registered No.: 694
City: Gallatin (No. ..... St. ..... Ward)

2. FULL NAME: Catherine Poage

(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: Female
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: Howard Poage

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 9-1862

7. AGE: Years 72 — Months 0 — Days 14 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home
10. Date deceased last worked at this occupation (month and year): Jan. 1933
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): North Co. Missouri

FATHER
13. NAME: F. M. Naylor
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER
15. MAIDEN NAME: Sarah A. West
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

17. INFORMANT (ADDRESS): Howard Poage, Gallatin, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Brown Cem. DATE: 2-25 1934

19. UNDERTAKER (ADDRESS): H. A. Hoff, Gallatin, Mo

20. FILED 2-26- 1934 P. L. Gardner, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 23- 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1st, 1933, to Feb. 23-, 1934
I last saw her alive on Feb. 20, 1934. Death is said to have occurred on the date stated above, at 10 30 P.M.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

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? No.
If so, specify .....
(Signed) L. R. Doolin, M. D.
(Address) Gallatin, Mo.

N. B.—Every item of information must be given. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.