

APR 27 1936

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

Do not use this space.

13747

1. PLACE OF DEATH

County Stone Registration District No. 845
Township Rieth Primary Registration District No. 6108
City Reeds Spring (No. _____ St. _____ Ward _____)

2. FULL NAME

Mahalley Catherine Blevins
(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)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7. 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 Park Blevins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Don't know

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
About 75 yrs.

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) Denver Ark.

FATHER 13. NAME Thomas Walker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denver Ark.

MOTHER 15. MAIDEN NAME Utie Patta

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denver Ark.

17. INFORMANT (ADDRESS) Floyd Blevins Reeds Spring Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Reeds Spring DATE Mar. 25, 1936

19. UNDERTAKER (ADDRESS) Reeds Spring Mo.

20. FILED 4/10, 1936 85 minutes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 21, 1936, to Mar 24, 1936.
I last saw her alive on Mar 21, 1936. Death is said to have occurred on the date stated above, at 11 P. m.
The principal cause of death and related causes of importance were as follows:

Pulmonary Hemorrhage.
T.B.

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? _____
If so, specify _____
(Signed) [Signature], M. D.
(Address) Reeds Spring Mo.

