OCT 15 1936

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

Do not use this space.

34349

1. PLACE OF DEATH
County Jackson — Registration District No. ..... — File No. .....
Township Raw — Primary Registration District No. 399 — Registered No. [illegible]
City K. C. MO (No. 3753 Wayne St. ..... Ward)

2. FULL NAME Katie McIntyre Tabb
(a) Residence, No. 3753 Wayne 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 Fe
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 Newton H. Tabb

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11/25/1880

7. AGE YEARS 55 MONTHS 9 DAYS 8 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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) Missouri

FATHER
13. NAME Henry B McIntyre
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

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

17. INFORMANT Newton B Tabb
(ADDRESS) 3753 Wayne ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Plattsburg Mo DATE 9/4 1936

19. UNDERTAKER Stine-McClure
(ADDRESS) Kansas City Mo

20. FILED 9-2 1936 M. M. Crowe, asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 28 1936, to Sept 2, 1936
I last saw her alive on Sept 2, 1936. Death is said to have occurred on the date stated above, at 3 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anemia	
95 b 3	

Other contributory causes of importance:
Acute Dilatation heart

Name of operation ..... Date of .....
What test confirmed diagnosis? Mc 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) J. Underwood, M. D.
(Address) Parkville

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD