

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

1 PLACE OF DEATH  
County Benton  
Township  
or  
Village  
or  
City Warsaw (NO. St. Ward)

Registration District No. 61 File No. 36777  
Primary Registration District No. 4036 Registered No. 39

2 FULL NAME Mrs Lattie C Savage

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE W 5 SINGLE MARRIED WIDOWED OF DIVORCED widowed  
(Write the word)

6 DATE OF BIRTH January 15 1840  
(Month) (Day) (Year)

7 AGE 76 yrs 10 mos 1 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION  
(a) Trade, profession, or particular kind of work of home  
(b) General nature of industry business, or establishment in which employed (or employer)

9 BIRTHPLACE (City or town, State or foreign country) Mo

PARENTS  
10 NAME OF FATHER Wm Graham  
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Mo  
12 MAIDEN NAME OF MOTHER Susan Reader  
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Mo

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) H G Savage M.D.  
(Address) Warsaw

15 Filed 11/17/16 1916 J. B. Smith  
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH November 16 1916  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Oct 1 1916 to Nov 16 1916 that I last saw her alive on Nov 16 1916 and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH was as follows:  
Tubercular heart disease with cirrosis of the liver  
1248  
92A (Duration) 19 yrs. mos. ds.

CONTRIBUTORY (Secondary)  
(Signed) Marian Dillon M. D.  
12/16 1916 (Address) Warsaw

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)  
At place of death yrs. mos. ds. In the State yrs. mos. ds.  
Where was disease contracted if not at place of death?  
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Riverside Cemetery DATE OF BURIAL 11/17 1916  
20 UNDERTAKER E. M. White ADDRESS Warsaw

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.

WHILE I LAIN LI, WITH UNFADING INK—THIS IS A PERMANENT RECORD

