JUN 23 1927

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

Do not use this space.

14071

1. PLACE OF DEATH

County Andrew — Registration District No. 16 — File No.

Township Rochester — Primary Registration District No. 5620 — Registered No. 8

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Herbert C. Sagers

(a) Residence. No. R.R.#5 Savannah Mo. St. ..... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
m	w	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 3 1894

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
33	2	12	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) unknown
(STATE OR COUNTRY) Andrew Co Mo

PARENTS

10. NAME OF FATHER James H Sagers

11. BIRTHPLACE OF FATHER (CITY OR TOWN) unknown
(STATE OR COUNTRY) Andrew Co Mo

12. MAIDEN NAME OF MOTHER Martha Blaine

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown
(STATE OR COUNTRY) Andrew Co Mo

14. INFORMANT James H. Sagers
(Address) R.R.#5 Savannah Mo.

15. FILED 5/16, 1927 Mrs Bettie Bogress
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

1

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 15 1927

17. I HEREBY CERTIFY, That I attended deceased from March 5, 1927, to May 15, 1927 that I last saw him alive on May 14, 1927, and that death occurred, on the date stated above, at 3 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic diabetis mellitus

59 57

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) .....

(duration) ..... yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Charles Allen, M.D

May 16, 1927 (Address) Cosby Mo. G.F.B.

*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	DATE OF BURIAL
Long Branch Cem	May 17 1927
20. UNDERTAKER	ADDRESS
Frank A. Bowman	Savannah Mo

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.