

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

Do not use this space.

9857

1. PLACE OF DEATH

County Mississippi
Township
City East Prairie (No.)

Registration District No. 6-67
Primary Registration District No. 4334

File No.
Registered No. 21
St. Ward

2. FULL NAME

Charles Walter Gage
(a) Residence No. Route # 2 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 25 1927

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
10 2 17 27

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Sikeston
(STATE OR COUNTRY) Moath County

10. NAME OF FATHER James Franklin Gage

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Illinois
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Nicki

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Illinois
(STATE OR COUNTRY)

14. INFORMANT Frank Gage
(Address) East Prairie Mo.

15. FILED 4-4-28 Cliff M. Hodges REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 8 1928

17. I HEREBY CERTIFY That I attended deceased (up to) Mar 8 1928 to Mar 8 1928 that I last saw him alive on Mar 8 1928 and that death occurred, on the date stated above, at 11 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Brain Menses
1928

CONTRIBUTORY Bronchial Pneumonia
(SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Cluyper
(Signed) Geo W Whitaker, M. D.
, 19 (Address) East Prairie Mo

*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 Dagwood DATE OF BURIAL Mar. 8 1928

20. UNDERTAKER Maurice Mamee ADDRESS East Prairie 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.

1928

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