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

Do not use this space.

12674-a

1. PLACE OF DEATH
County Clinton
Township Atchison
City ..... (No. ..... St. ..... Ward)

Registration District No. .....
Primary Registration District No. .....

File No. .....
Registered No. .....

2. FULL NAME Alfred R. Poage
(a) Residence. No. ..... 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): wid

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: widowed

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

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
70	0	1	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired farmer.
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

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

PARENTS

10. NAME OF FATHER: Greenberry Poage.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER: Hanna Victor
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) not known

14. INFORMANT Alva T. Poage
(Address) 2021 Beattie St

15. FILED 4 14, 1928 J. L. Gunn
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 14 1928

17. I HEREBY CERTIFY, That I attended deceased from April 12, 1928, to April 14, 1928, that I last saw him alive on April 14, 1928, and that death occurred, on the date stated above, at 4 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of liver
466
466 (duration) 3 yrs. 6 mos. 0 ds.

CONTRIBUTORY (SECONDARY) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? ✓
DID AN OPERATION PRECEDE DEATH? yes. DATE OF Feb 14 - 1925
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? operation
(Signed) J. L. Gunn, M. D
April 14, 1928 (Address) Gauer 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: Mt Carmel.
DATE OF BURIAL: Apr 17 1928

20. UNDERTAKER: F. G. Lyon
ADDRESS: Stewartsville Mo

NOV 23 1931

N. B.—Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN ... DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION ...