

AN 21 1929

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

39494

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township _____ Primary Registration District No. 1001
City St. Joseph Mo. No. Missouri Methodist St. _____ (Ward)

File No. _____
Registered No. 1410

2. FULL NAME

George Israel Sadsby
(a) Residence. No. 2623 Seneca 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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 13 1864

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
64 | 6 | 0 | 0 | 0 | 0

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Telegraph Operator
(b) General nature of industry, business, or establishment in which employed (or employer) Chicago Great Western
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Lancaster
(STATE OR COUNTRY) Iowa

10. NAME OF FATHER Charles Sadsby

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Butterworth
(STATE OR COUNTRY) New York

12. MAIDEN NAME OF MOTHER Mary Anquet

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

14. INFORMANT Mrs. Belara Sadsby
(Address) 2623 Seneca

15. FILED DEC 15 1928
John G. W. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 13 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 3-28 to Dec 13 1928.
that I last saw him alive on Dec 13 1928, and that death occurred, on the date stated above, at 5:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of bladder
SIB
SEE

CONTRIBUTORY Papilloma bladder
(SECONDARY) (duration) 9 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
49
IF NOT AT PLACE OF DEATH _____

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) H. S. Courad, M. D.
12/16, 1928 (Address) St Joseph 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 Lancaster, Iowa DATE OF BURIAL Dec 17 1928

20. UNDERTAKER Fleeman Funeral Ha ADDRESS 1208 Francis

