

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

Do not use this space.

3838

File No. ....

Registered No. 17 .....

St. .... Ward)

**1. PLACE OF DEATH**

County.....

Registration District No. 875 .....

Township.....

Primary Registration District No. 6/62 .....

City..... (No. ....)

**2. FULL NAME**

David B. Savage

(a) Residence. No. State Hospital #119 St. .... Ward. ....

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 6 mos. 24 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)**

? 1856

**7. AGE**

YEARS

MONTHS

DAYS

IF LESS than 1 day, .... hrs. .... min.

73

?

?

**8. OCCUPATION OF DECEASED**

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

Blacksmith (R.R.)

(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)

not given

**10. NAME OF FATHER**

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

not given

**12. MAIDEN NAME OF MOTHER**

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

not given

**14.**

INFORMANT  
(Address)

Co. Clerk - (Petite Co.)

**15.**

FILED

1930

2/8/30 E. R. King

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

Jan. 26 1930

**17.**

I HEREBY CERTIFY, That I attended deceased from July 2, 1928, to Jan. 26, 1930 that I last saw h. m. alive on Jan. 26, 1930, and that death occurred, on the date stated above, at 8 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic myocarditis

93c

97

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

**CONTRIBUTORY (SECONDARY)**

Arteriosclerosis

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

**18. WHERE WAS DISEASE CONTRIBUTED**

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no. DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed).....

J. J. O'Dell, M. D.

Jan. 26 1930 (Address)

Nevada, 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**

**DATE OF BURIAL**

Sedalia, Mo.

1-27-1930

**20. UNDERTAKER**

**ADDRESS**

John C. Whrens

Nevada

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.

20 1930

24

31

