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.

DEC 21 1931

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

Do not use this space.

36920

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 85

Township: — Primary Registration District No.: 1001

City: St. Joseph (No. Missouri Methodist Hospt. St. Ward)

File No.: — Registered No.: 1150

2. FULL NAME: Eugene O. Sasseen

(a) Residence, No. 5320 South 1st, St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred: 3 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): May 20-1886

7. AGE: Years 45 — Months 5 — Days 23 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: U. S. Govt. River Survey

10. Date deceased last worked at this occupation (month and year): Oct. 1931

11. Total time (years) spent in this occupation: 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Muskota, Kansas

FATHER

13. NAME: T. J. Sasseen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jefferson Co. Tenn.

MOTHER

15. MAIDEN NAME: Julia A. Brown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Kentucky

17. INFORMANT (ADDRESS): T. J. Sasseen, 5320 South 1st St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: King Hill Cem. DATE: Nov. 16, 1931

19. UNDERTAKER (ADDRESS): Fred O. Clarke, 5025 Kingshiway St. Joseph Mo

20. FILED: 11-16-1931 John R. Bender M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 13, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug, 1931, to Nov 13, 1931

I last saw him alive on Nov 13, 1931. Death is said to have occurred on the date stated above, at 11 Pm m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia lobar	Nov 2-31
10d	

Other contributory causes of importance:

Name of operation: Date of:

What test confirmed diagnosis? Clinical Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury:

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify:

(Signed) D. T. Jensen, M. D.

(Address) St. Joseph Mo

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