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.

FEB 24 1932

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

Do not use this space.

1788

1. PLACE OF DEATH

65 County Mercer — Registration District No. 553 — File No.

1 Township Marion — Primary Registration District No. 4325 — Registered No. 6

1 City Mercer (No. , St. Ward)

2. FULL NAME James K. P. Sego

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

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: never married

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 2, 1842

7. AGE: YEARS 89 — MONTHS 11 — DAYS 14 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Unknown
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Gentry Co Missouri

FATHER

13. NAME: Jas Sego.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky. 2

MOTHER

15. MAIDEN NAME: Goodman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky?

17. INFORMANT (ADDRESS): Albert Sego Mercer Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Early DATE: Jan. 17, 1932

19. UNDERTAKER (ADDRESS): Noel Moss Princeton Mo.

20. FILED Jan 19, 1932 Mary O. Fisher Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1931, to Jan 16, 1932

I last saw him alive on Jan 10, 1932. Death is said to have occurred on the date stated above, at 6 9 m.

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

	Date of onset
Angina Pectoris 94A 162	6 Mo

Other contributory causes of importance: Old Age 94 A

Name of operation: Usual tests Date of

What test confirmed diagnosis? Was there an autopsy? No

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: 1

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. E. Lovett, M. D.

(Address) Lineville Iowa