

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

Do not use this space.

17216

1. PLACE OF DEATH
 93 County St. Clair Registration District No. 761
 1 Township Appleton Primary Registration District No. 445L
 6 City Appleton City (No. a) St. _____ Ward _____

2. FULL NAME Annie Margaret ~~Smith~~ Sagers
 (a) Residence. No. _____ St. _____ Ward _____
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Henry Isaac Sagers

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 31-1858

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>73</u>	<u>4</u>	<u>20</u>	

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

9. BIRTHPLACE (CITY OR TOWN) near Macon (STATE OR COUNTRY) macon county, Missouri

10. NAME OF FATHER Jonathan Morris

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know Ill

12. MAIDEN NAME OF MOTHER Don't know

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

14. INFORMANT H. I. Sagers (Address) Appleton City Mo

15. FILED May 22 1932 Ruth Gay REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from June 16 1931, to May 21 1932 that I last saw her alive on May 20 1932, and that death occurred, on the date stated above, at 7 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Stomach and Bright's Disease
11 1/2 yrs. (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) U. S. Army (duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Q
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS post mortem symptoms
 (Signed) W. O. Perry M. D.
5721 19 32 (Address) Appleton City 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. Zion Cem. DATE OF BURIAL May 22 1932

20. UNDERTAKER R. B. Kenney ADDRESS U. S. Mo.

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.

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

