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.

JUL 22 1933

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

Do not use this space.

File No. 20072

Registered No.

49 5 7

1. PLACE OF DEATH

County Jasper Registration District No. 408

Township Primary Registration District No. 3020

City Carthage, Mo. (No. McCune-Brooks Hospital Ward)

McCune Brooks Hospital

2. FULL NAME Billie Gene Sageser

(a) Residence, No. Sarcoxie, Mo St. RFD Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred no yrs. no mos. 7 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) March 18, 1929

7. AGE: YEARS 14 MONTHS 3 DAYS 4 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

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) Sarcoxie, Missouri RFD

FATHER

13. NAME Harlin Sageser

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sarcoxie, Missouri

MOTHER

15. MAIDEN NAME Thelma Chandler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sarcoxie, Missouri

17. INFORMANT (ADDRESS) Harlin Sageser Sarcoxie, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Sarcoxie Cemetery DATE 6/25 1933

19. UNDERTAKER (ADDRESS) Glen E. Cale Sarcoxie, Mo.

20. FILED 6/30 1933 E. H. Ketchaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-22, 1933.

22. I HEREBY CERTIFY, That I attended deceased from 6-12-, 1933, to 6-22, 1933.

I last saw him alive on 6-22-, 1933. Death is said to have occurred on the date stated above, at 9:30 a.m.

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

	Date of onset
General peritonitis	
171 19	
177	

Other contributory causes of importance: Draining post cecal abscess.

Name of operation post cecal drainage, Date of 6-14-33.

What test confirmed diagnosis? Blood count. 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

Nature of injury

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

If so, specify

(Signed) [signature], M. D.

(Address) Sarcoxie Mo.