

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.

MAR 24 1934

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

Do not use this space.

5149
875

1. PLACE OF DEATH

County Jackson
Township 15am
City Hammas lasty Mo. (No. Research Hut)

Registration District No. 587
Primary Registration District No. 10

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Hugh S. Page
(a) Residence, No. 1008 Cleveland St. 12 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Maal G. Page</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 23 1866</u>		
7. AGE YEARS <u>67</u>	MONTHS <u>6</u>	DAYS <u>28</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Miller</u>	
	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) <u>Summersville Ohio</u>		
FATHER	13. NAME <u>Page</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Summersville Ohio</u>	
MOTHER	15. MAIDEN NAME <u>Banker</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Leitchtown</u>	
17. INFORMANT (ADDRESS) <u>Maal G. Page 1008 Cleveland Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Forest Hill</u> DATE <u>Feb 23 1934</u>		
19. UNDERTAKER (ADDRESS) <u>Wagner Funeral Home 2111 N. 1st St. St. Louis</u>		
20. FILED <u>2-22-34</u> <u>7:45</u> <u>M.M. Lowe</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 21 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 21 1934 to Feb 21 1934
I last saw him alive on Feb 21 1934. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Broncho Pneumonia
Date of onset _____

Other contributory causes of importance
Arteriosclerosis

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) J. Underbrack, M. D.
(Address) 924 N. 1st St. St. Louis

Professional by

1-23/9

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