

MAY 20 1935

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

Do not use this space.

35148-a

1. PLACE OF DEATH

County Jasper
 Township Lambert
 City Jasper (No.)

Registration District No. 311
 Primary Registration District No. 5050

File No.
 Registered No. 12 -
 St. Ward

2. FULL NAME

(a) Residence, No.
 (Usual place of abode)

St. Ward

(If nonresident, give city or town and State)

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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lue Savage

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 2 1860

7. AGE YEARS 74 MONTHS 2 DAYS 29 If LESS than 1 day, hrs. or min.

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.

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) Jasper

13. NAME James Savage

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

15. MAIDEN NAME Net Knauer

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

17. INFORMANT (ADDRESS) Lue Savage

18. BURIAL, CREMATION, OR REMOVAL PLACE Maury Chapel DATE Oct 3 1934

19. UNDERTAKER (ADDRESS) W. A. Cooper

20. FILED 5-10 19 35 Mattie Blaudin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 1 - 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 30, 1934 to Oct 1, 1934

I last saw him alive on Oct 1, 1934 Death is said

to have occurred on the date stated above, at 8:00 P.M.

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

Infarction of Myocardium Date of onset 9.30.34

Coronary Artery Disease 2:15 P.M.

9:15 P.M. 2:10

Other contributory causes of importance:

Accident - Hit by an automobile on Highway

Name of operation None Date of

What test confirmed diagnosis? Cholera Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 9.30 1934

Where did injury occur? Highway 44 - N. Ridgely (Specify city or town, county, and state)

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

Public Highway

Manner of injury Automobile

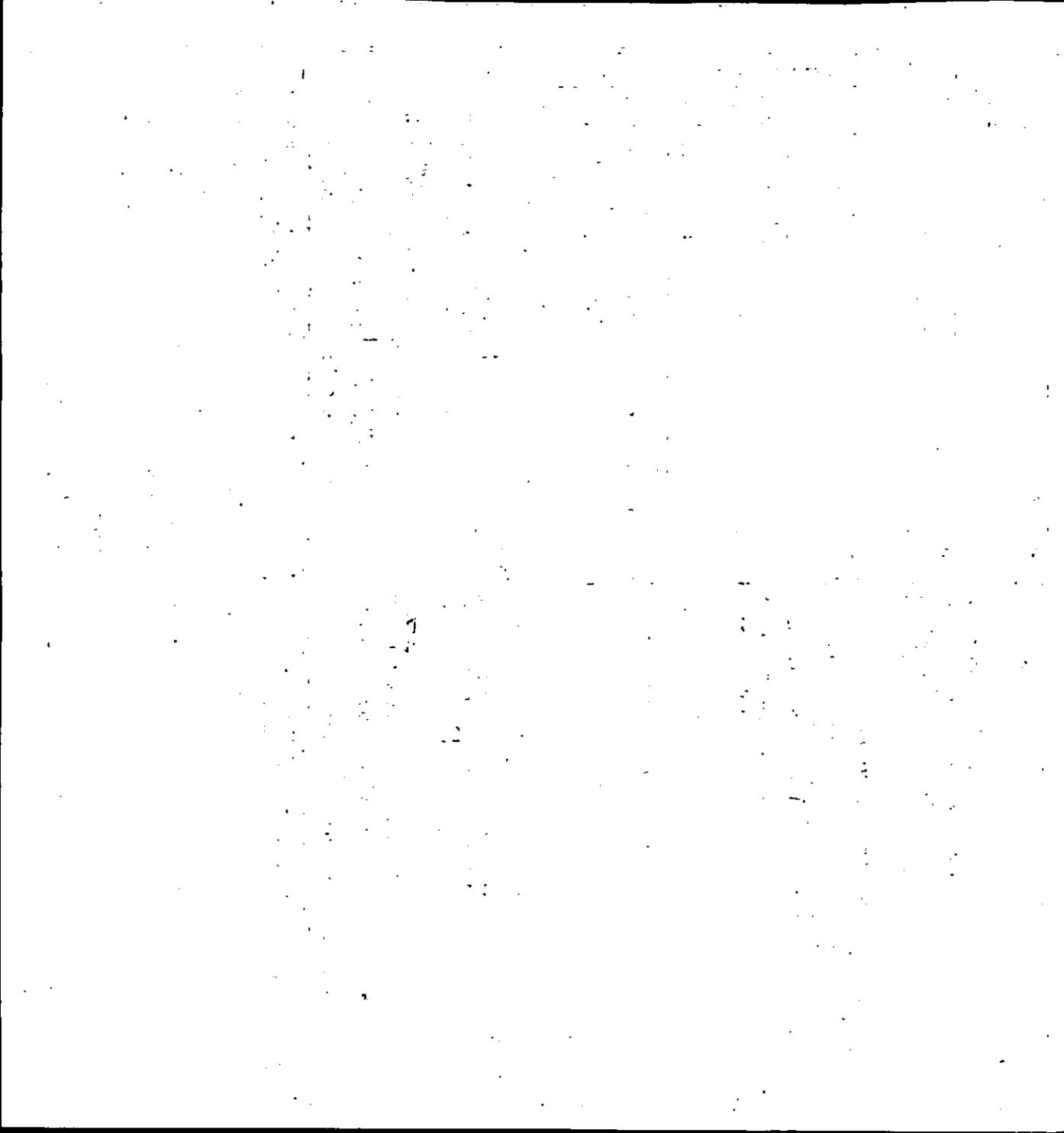
Nature of injury Head & Leg Injury

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

If so, specify

(Signed) W. A. Cooper, M. D.

(Address) Cassville, Mo.



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CERTIFICATE OF DEATH**

Do not use this space.
**ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.**
File No. _____
Registered No. 10
St. _____ Ward _____

1. PLACE OF DEATH

County Barry Registration District No. 34
Township _____ Primary Registration District No. 5050
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Andrew Jackson Sauge

(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 <u>m</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>m</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lucie Sauge</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 2 - 1860</u>		
7. AGE YEARS <u>74</u>	MONTHS <u>2</u>	DAYS <u>29</u>
If LESS than 1 day, _____ hrs. or _____ mins.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris, Tenn

FATHER 13. NAME James Sauge

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

MOTHER 15. MAIDEN NAME ren

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ren

17. INFORMANT (ADDRESS) Lucie Sauge, 421 _____, Ma

18. BURIAL, CREMATION, OR REMOVAL PLACE Murry Chapel DATE Oct 3, 1934

19. UNDERTAKER (ADDRESS) G. A. Payne & Son, Wheeling, Mo

20. FILED June 12, 1935 Mrs. H. P. Searey Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 1, 1934

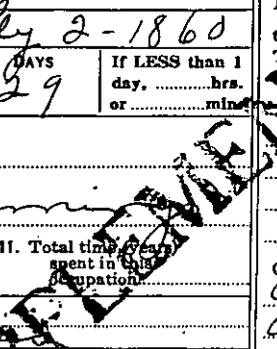
22. I HEREBY CERTIFY, That I attended deceased from Sept 30, 1934, to Oct 1, 1934.
I last saw live on Oct 1, 1934. Death is said to have occurred on the date stated above, at 8 P. m.
The principal cause of death and related causes of importance were as follows:

Contra cranial hemorrhage
Concussions
Other contributory causes of importance: accident - hit by an auto on highway
Date of onset: 9/30/34

Name of operation none Date of _____
What test confirmed diagnosis? Physic Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 9/30, 1934
Where did injury occur? highway 44 n. highway
(Specify city or town, county, and State)
Specify whether injury occurred in industry, at home, or in public place. Public highway
Manner of injury being harassed
Nature of injury head & leg injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) C. W. Poar, M. D.
(Address) Cassville, Mo



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