

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

Do not use this space.

42813

**1. PLACE OF DEATH**

County Jackson

Registration District No. 398

File No. ....

Township .....

Primary Registration District No. 3019

Registered No. 419

City Independence

(No. Indep. Sanitarium)

St. .... Ward)

**2. FULL NAME**

Richard E. Sage

(a) Residence, No. 1034 Smith Ave Ward. ....

(If nonresident, give city or town and State)

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

**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 single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 18 - 1928

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	6	7	6	

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

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) Kansas City (STATE OR COUNTRY) Missouri

13. NAME Dee Sage

14. BIRTHPLACE (CITY OR TOWN) Waldron (STATE OR COUNTRY) Oklahoma

15. MAIDEN NAME Gessie Martin

16. BIRTHPLACE (CITY OR TOWN) Vandran (STATE OR COUNTRY) Louisiana

17. INFORMANT Dee Sage (ADDRESS) 1034 Smith Ave

18. BURIAL, CREMATION OR REMOVAL PLACE Waldron DATE Dec 26 1934

19. UNDERTAKER Engel & Larson (ADDRESS) Independence, Mo

20. FILED 12-26 1934 J. D. Cook Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 24 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 18 34 to Dec 24 34

I last saw him alive on Dec 24 1934. Death is said to have occurred on the date stated above, at 10:15 P. m.

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

Lobar Pneumonia Dec 17th  
1934

Other contributory causes of importance:  
Circulatory Collapse 24 hr

Name of operation ..... Date of .....  
What test confirmed diagnosis? clinical 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) J. H. ... M. D.  
(Address) 101 N. Main St

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.

