

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

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

Do not use this space.

JUN 27 1935

17474

1. PLACE OF DEATH

County Putnam  
Township Elers  
City Washington Mo.

Registration District No. 719  
Primary Registration District No. 5950

File No.  
Registered No. 30  
St. Ward

2. FULL NAME

(a) Residence, No. Etta B. Savage St., Ward.

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 Steve Savage		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) aug 9 <sup>th</sup> - 1876		
7. AGE 58	YEARS	MONTHS
		DAYS
		IF LESS than 1 day, .....hr. or .....min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife	
	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) Joplin MO		
FATHER	13. NAME James Sanders	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill	
MOTHER	15. MAIDEN NAME Suzilda Logsdan	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Schuyler Co MO	
17. INFORMANT (ADDRESS) Steve Savage Washington MO		
18. BURIAL, CREMATION, OR REMOVAL PLACE Bradfield Co DATE May 5 - 1935		
19. UNDERTAKER (ADDRESS) Wm O West Queens City MO		
20. FILED 6/5 - 1935 Dr C O Thomas Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1935 to May 4 1935  
I last saw her alive on April 16 1935 Death is said to have occurred on the date stated above, at 8:30 am  
The principal cause of death and related causes of importance were as follows:  
Carcinoma of the stomach Date of onset 1930

Other contributory cause of importance: NO

Name of operation None 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  
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 None  
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify  
(Signed) W D Garrison M. D.  
(Address) Morningside 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.

