

FEB 19 1936

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

Do not use this space.

1809

1. PLACE OF DEATH

County Jasper  
Township .....  
City Sarcoxie (No. .... St. .... Ward)

Registration District No. 416  
Primary Registration District No. 4248

File No. ....  
Registered No. ....

2. FULL NAME

Jean Carol Sageser  
(a) Residence, No. Sarcoxie, Mo. St. .... Ward.

Length of residence in city or town where death occurred 10 yrs. 7 mos. 20 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

MEDICAL CERTIFICATE OF DEATH

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) December 24, 1935

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. No No 20

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. infant 10. Date deceased last worked at this occupation (month and year) Sept 1935 11. Total time (years) spent in this occupation. life

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

FATHER 13. NAME Albert Lindel Sageser

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

MOTHER 15. MAIDEN NAME Ada E. Rosebrough

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

17. INFORMANT (ADDRESS) Robert Lemuel Sageser, Sarcoxie, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cave Springs Cem. DATE Jan. 15 - 36

19. UNDERTAKER (ADDRESS) Wm. C. Cole, Sarcoxie, Mo.

20. FILED 1/15/36 Reverey Simmons Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1936, to Jan 14, 1936, 19.... I last saw him alive on Jan 13, 1936, 19.... Death is said to have occurred on the date stated above, at 3:00 P.M.

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

Probable primary  
Scarcema of liver  
NO  
Date of onset birth

Other contributory causes of importance:

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 Heart Attack (Signed) Thurston Moody, Joplin, Mo., M. D. (Address) .....

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

