

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

AUG 24 1936

7016-1

1. PLACE OF DEATH

County Nodaway
 Township
 City Burlington (No., St., Ward)

Registration District No. 618
 Primary Registration District No. 4369

File No.
 Registered No.

2. FULL NAME Alanson R. Sage

(a) Residence, No., St., Ward.

(Usual place of abode)

(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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Sage

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 2, 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor
 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) Palmira N.Y.

FATHER 13. NAME James Sage

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

MOTHER 15. MAIDEN NAME Maria Bunnidge

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Conn.

17. INFORMANT Neva Sage
 (ADDRESS) Marionville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Marionville Mo. DATE Feb. 23, 1936

19. UNDERTAKER Price Funeral Home
 (ADDRESS) Marionville Mo.

20. FILED Aug 18, 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from Feb 19th, 1936, to Feb 21st, 1936
 I last saw him alive on Feb 19, 1936 Death is said to have occurred on the date stated above, at 10:30 p.m.

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

Angina pectoris
9 if a
 Other contributory causes of importance: Arteriosclerosis

Date of onset 1933

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? No
 If so, specify B. E. Cousins, M. D.

(Address) Burlington, 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.

