

FEB 29 1936

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 398  
Township Patoka Primary Registration District No. 3019  
City Independence (No. 1474 W. Walnut St.) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 47573  
Registered No. 17

2. FULL NAME

Stillbirth Savage  
(a) Residence, No. 1474 W. Walnut 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 10, 1936</u>		
7. AGE	YEARS	MONTHS
	<u>0</u>	<u>0</u>
		DAYS
		<u>0</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		If LESS than 1 day, ____ hrs. or ____ min.
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

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	If LESS than 1 day, ____ hrs. or ____ min.
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
MOTHER	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) <u>Independence Mo.</u>	
FATHER	13. NAME <u>Henry C. Savage</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Guthrie Okla.</u>	
MOTHER	15. MAIDEN NAME <u>Lucille Hutchinson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>One Wisconsin</u>	
	17. INFORMANT <u>Father</u> (ADDRESS) <u>Independence Mo.</u>	
	18. BURIAL (CREMATION) OR REMOVAL PLACE <u>Independence Mo.</u> DATE <u>Jan 14, 1936</u>	
	19. UNDERTAKER <u>Cremated by J. M. Mayhew at hospital.</u> (ADDRESS)	
	20. FILED <u>1-16-36</u> <u>2. L. Cook</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1936 to Jan 10, 1936  
I last saw h. Stillbirth alive on \_\_\_\_\_ 19\_\_\_\_ Death is said to have occurred on the date stated above, at 17:30 AM (how dead)  
The principal cause of death and related causes of importance were as follows:  
Asphyxiation in utero - cord around baby 4 times with marked stretching Date of onset 1-10-36

Other contributory causes of importance:  
None

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? None 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 \_\_\_\_\_  
(Signed) Lucille Hutchinson, M. D.  
(Address) Independence 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.

