17-78

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

Do not use this space.

19004

JUN 12 1937

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. Chase Hotel 911 Holmes. St. Ward)

2. FULL NAME John E. Serrage
(a) Residence, No. 911 Holmes 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: Male
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: Mrs. Minnie Serrage

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 28, 1882

7. AGE: YEARS 54 — MONTHS 1 mo — DAYS 15 — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Compounder
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Hirsch Disstilling Co.
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): Cincin. Ohio

FATHER
13. NAME: -----Serrage
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Michael R. Serrage 911 Holmes

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Marys Cem DATE 5-15 1937

19. UNDERTAKER (ADDRESS): [illegible] 3146 Main St.

20. FILED May 13, 1937 M. M. Crowe Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 13, 1937

22. I HEREBY CERTIFY That I attended deceased from May 3, 1937, to May 13, 1937
I last saw him alive on May 12, 1937 Death is said to have occurred on the date stated above, at 11 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cirrhosis of liver (Portal) | Yrs. |
| 124B | |
| Other contributory causes of importance: | |
| Myocarditis | 1 mo |

Name of operation No Date of
What test confirmed diagnosis? Clin 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) John Ogilvie, M. D.
(Address) 730 Professional

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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