AUG 25 1937

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

Do not use this space.

File No. 27687

Registered No. 56

1. PLACE OF DEATH

County Linn — Registration District No. 496

Township Brookfield — Primary Registration District No. 3025

City Brookfield (No. ..... St. ..... Ward)

2. FULL NAME Laura Belle Sager

(a) Residence, No. 537 S. Main St. 3 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Sager

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March - 19 - 1871

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
62	66	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

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) Hennepin Ill

FATHER

13. NAME Chas C. Smith

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

MOTHER

15. MAIDEN NAME Isabelle Hartenbower

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

17. INFORMANT (ADDRESS) F. Sager Brookfield Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Rose Hill DATE July 24 1937

19. UNDERTAKER (ADDRESS) Hill Funeral Chapel Brookfield, Mo.

20. FILED Aug 9 1937 Jno H Lucas Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from 7-10-37, 19..., to 7-22, 1937

I last saw her alive on 7-22, 1937. Death is said to have occurred on the date stated above, at 11:00 P m.

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

	Date of onset
Chronic Intestinal Nephr	2 da

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Other contributory causes of importance:

Acute Myocarditis	2 da

Name of operation None Date of ✓

What test confirmed diagnosis? Fed & cl 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) Jno McLaney, M. D.

(Address) Brookfield, 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.