OCT 21 1937

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

Do not use this space.

File No. 34698

Registered No.

1. PLACE OF DEATH
County Macon
Township
City Bevier (No. , St. Ward)
Registration District No. 527
Primary Registration District No. ~~5703~~ 4313

2. FULL NAME Charles Henry Sagaser
(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: 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~~ Susan Sagaser

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 23 - 1872

7. AGE: YEARS 65 | MONTHS 0 | DAYS 11 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal Miner
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) Bloomington Mo

FATHER
13. NAME Martin Sagaser
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Philadelphia

MOTHER
15. MAIDEN NAME Lavinda J. Posey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) S. M. Sagaser Bevier Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE West Oakwood DATE 9-6 1937

19. UNDERTAKER (ADDRESS) H. G. Edwards Bevier Mo

20. FILED Sept 13, 1937 Edw. Simpson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5/21, 1937, to 9/4, 1937
I last saw him alive on 9/4, 1937. Death is said to have occurred on the date stated above, at 2 P m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of file ducts with obstruction jaundice — Date of onset 5-21 1937

Other contributory causes of importance: 46

Name of operation Exploratory only Date of 7/4/37
What test confirmed diagnosis? Operation 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) T. P. Gonerway M. D.
(Address) Macon 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.