

REC'D MAY 10 1938

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

15411  
Do not use this space.

1. PLACE OF DEATH

(a) County NEWTON Registration District No. 609  
(b) Township NEOSHO Primary Registration District No. 5808 Registered No. 47  
(c) City ..... (d) Street No. ....  
(If death occurred in Hospital or Institution, write its name instead of street and number) St. ....  
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME CARRIE GREENSTREET GAGE

(a) Residence, No. .... St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE BLACK 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF FRED GAGE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOT KNOWN

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
ABOUT 85

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. AT HOME  
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) TEXAS

FATHER 13. NAME DAVE THOMAS  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) VIRGINIA

MOTHER 15. MAIDEN NAME NOT KNOWN  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NOT KNOWN

17. INFORMANT (ADDRESS) J. Bigham  
NEOSHO, MO

18. BURIAL, CREMATION, OR REMOVAL PLACE PLEASANT HILL DATE 4/28/38

19. FUNERAL DIRECTOR (ADDRESS) THE BIGHAM MORTUARY  
NEOSHO, MO

20. FILED 5-5-38 Analasale  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 16 1938

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1938 to April 15, 1938

I last saw her alive on April 15, 1938 Death is said to have occurred on the date stated above, at 6 p. m.

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

Chronic interstitial nephritis Date of onset

Other contributory causes of importance: Not known

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

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 Chalk Sale M. D.  
(Signed) Neosho, Missouri  
511.3 (Address)

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.

STATEMENT BY LICENSED EMBALMER

I, Joe Byham, Licensed Embalmer No. 2689  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Leeth Collier

No. 2682 L. E. 2  
or by \_\_\_\_\_  
working under my personal supervision.

Signed Joe Byham Registered Apprentice No. \_\_\_\_\_  
Licensed Embalmer No. 2689

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)