

RECD OCT 20 1938

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

32088
Do not use this space.

1. PLACE OF DEATH

(a) County Daviess Registration District No. 250
(b) Township _____ Primary Registration District No. 4150 Registered No. 33
(c) City Gallatin (d) Street No. _____ St.
(e) Length of residence in city or town where death occurred 45 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Howard Poage

(a) Residence, No. Gallatin, Mo. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Catherine Poage

22. I HEREBY CERTIFY, That I attended deceased from Sept. 16 - 1938 to Sept. 21 - 1938
I last saw him alive on Sept. 21, 1938. Death is said to have occurred on the date stated above, at 2:30 AM
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feby. 9, 1858
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 7 12

Mitral regurgitation Date of onset

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retail Merchant
9. Industry or business in which work was done, as saw mill, bank, etc. Hardware & Imp.
10. Date deceased last worked at this occupation (month and year) April 1933
11. Total time (years) spent in this occupation life

Other contributory causes of importance: Age

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Daviess Co. Missouri

FATHER 13. NAME Samuel David Poage
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk Virginia

MOTHER 15. MAIDEN NAME Sallie Allen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk Virginia

17. INFORMANT (ADDRESS) Mrs. R. C. Clevenger 3026 W. 15th. Topeka Kansas

18. BURIAL, CREMATION, OR REMOVAL PLACE Brown Cemetery DATE Sept. 22, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hope Furn. & Undt. Co. Gallatin, Mo.

20. FILED Sept. 23 1938 NG Hope Local Registrar

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) L. R. Doolin M. D.
(Address) Gallatin Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

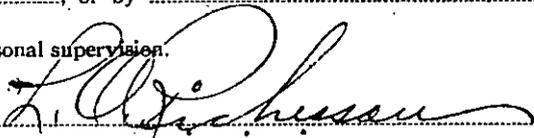
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

L. O. Richesson

or by

Registered Apprentice No., working under my personal supervision.

Signed



Licensed Embalmer No. 3302

P. O. Address Gallatin, Mo.

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

If this body is not embalmed, above space should be left blank.