

REC'D AUG 7 1939

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

24630
Do not use this space.

1. PLACE OF DEATH ² Jackson
(a) County Registration District No. 399
(b) Township Kaw Primary Registration District No. 1007
(c) or City Kansas City (d) Street No. 3409 Central St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ²⁰⁰ Mrs. Marguerite Sage
(a) Residence, No. 3409 Central 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Patrick Sage

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 22, 1862

7. AGE YEARS 76 MONTHS 8 DAYS 22 If LESS than 1 day, hrs. or min.

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

9. Industry or business in which work was done, as 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) Quincy, Ill. (STATE OR COUNTRY)

13. NAME William Higgins

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

15. MAIDEN NAME Unknown

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

17. INFORMANT William Sage (ADDRESS) 3409 Central

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's DATE 7/17/39

19. FUNERAL DIRECTOR (NAME) Quirk & Tobin Co. (ADDRESS) Kansas City, Mo.

20. FILED July 15 1939 Dr. M. Browne Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-14 1939

22. I HEREBY CERTIFY, That I attended deceased from 7-28 1937 to 7-14 1939 I last saw her alive on 7-14 1939 Death is said to have occurred on the date stated above, at 4:30 p.m. The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
Other contributory causes of importance: Bacterial Pneumonia Bilateral
Date of onset 7/10/39

Name of operation: Bacterial Date of: 7/10/39
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: 1

24. Was disease or injury in any way related to occupation of deceased?
If so, specify: 7-9 1939
(Signed) M. J. O'Neil, M. D.
(Address) 706 Grand Ave. 10110

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Maurice M Quirk

Licensed Embalmer No. 2226

P. O. Address KC Mo

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.)

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