

AUG 16 1939

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

24901

Do not use this space.

## 1. PLACE OF DEATH

(a) County Atchison Registration District No. 82  
(b) Township Lincoln Primary Registration District No. 303 Registered No. 6  
(c) City Westboro (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
(e) Length of residence in city or town where death occurred 35 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Isaac N Gage

(a) Residence, No. Westboro, 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

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 Mamie Gage

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb, 13, 1874

7. AGE YEARS 65 MONTHS 5 DAYS 10 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Plummer  
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) July, 1939 11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri13. NAME Luke Gage14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT Lee Gage (ADDRESS) Westboro, Missouri18. BURIAL, CREMATION, OR REMOVAL PLACE Center Grove DATE July, 25, 3919. FUNERAL DIRECTOR (NAME) Charles E. Buchanan (ADDRESS) Westboro, Missouri20. FILED July 29, 1939 W. J. Gage Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23rd, 193922. I HEREBY CERTIFY, That I attended deceased from April 6th, 1939 to July 23rd, 1939I last saw him alive on July 23rd, 1939 Death is saidto have occurred on the date stated above, at 10.15 A.M.

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

PericarditisDate of onset  
1935

Other contributory causes of importance:

Acute Broncho-Pneumonia 7-23 1939Name of operation none Date of \_\_\_\_\_What test confirmed diagnosis? Clinical 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 no(Signed) Charles E. Buchanan, M. D.19 (Address) Tarkio, Missouri

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,

Scott Tucker

, or by

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed

*Scott Tucker*

Licensed Embalmer No. 2824

P. O. Address Westboro, Missouri

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.