

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

Do not use this space.

9121

1. PLACE OF DEATH

County Jasper
Township Sumner
City Carthage (No.)

Registration District No. 408
Primary Registration District No. 5362

File No.
Registered No.
St. Ward

2. FULL NAME

(a) Residence. No. William L. Sage St. Ward.

(Usual place of abode) North of Carthage (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 Jennie

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 17 - 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 | 1 | 14

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Jasper Co. MO

PARENTS

10. NAME OF FATHER W. W.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Indiana
12. MAIDEN NAME OF MOTHER Emily Amington
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Indiana

14.

INFORMANT Mrs. Maggie Miller
(Address) Carthage R. R.

15.

March 3, 1930 W. H. Hetcham
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 1 - 1930

17. I HEREBY CERTIFY, That I attended deceased from 2/15 1930 to 3/1 1930 that I last saw him alive on 3/1 1930, and that death occurred, on the date stated above, at 6 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenzal Pneumonia
entire left lung.
(duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY)

none
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? General Physical
(Signed) A. A. LaFare M. D.

3/3 1930 (Address) Carthage MO

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Jaspers Cemetery

Mar 4, 1930

20. UNDERTAKER

ADDRESS

Knell Mortuary Carthage Missouri

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.

MAR 27 1930

