

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

Do not use this space.

21682
2817

1. PLACE OF DEATH

County Jackson
Township Raw
City Manassas City (No. Research Hospital)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Harry Sugarman
(a) Residence. No. 2918 Holmes St. 3 Ward.

(Usual place of abode) (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 OR WIFE OF Miss Mable Sugarman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 1903

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
22 ? ? ?

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Ill

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown (STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown (STATE OR COUNTRY) _____

14. INFORMANT Mrs. Belcher (Address) 2745 Holmes

15. FILED 6/28/31 1931 M. M. Craue REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 26 1931

17. I HEREBY CERTIFY, That I attended deceased from June 23 1931 to June 26 1931, that I last saw him alive on June 25 1931, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Septic Pneumonia
(Neither Broncho or lobar)
109 B
157 B (duration) yrs. mos. ds. 2
CONTRIBUTORY (SECONDARY) Cellulitis of right hand
Possible insect bite (duration) yrs. mos. ds. 7

18. WHERE WAS DISEASE CONTRACTED _____ (IF NOT AT PLACE OF DEATH) _____

DID AN OPERATION PRECEDE DEATH? yes DATE OF June 23 1931

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Micrological
(Signed) Clara Karburg, M. D.

6/27, 1931 (Address) 540 Angela Bldg

*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 Denver Colo DATE OF BURIAL June 27 1931

20. UNDERTAKER H. TIGRAMAN & SONS ADDRESS 819 E 31 Street

K. 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.

1890