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.

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

Do not use this space.

41870

DEC 28 1936

1. PLACE OF DEATH
County MACON — Registration District No. 533 — File No.
Township Liberty — Primary Registration District No. 5715 — Registered No. 127
City BEVIER (No. , St. Ward)

2. FULL NAME WILLIAM R. SAGASER
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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): WIDOWED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-20-1874
7. AGE: YEARS 62 — MONTHS 9 — DAYS 4 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. FARMER
9. Industry or business in which work was done, as silk mill, 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) (STATE OR COUNTRY) MACON Co. Mo

FATHER
13. NAME Wm R. SAGASER
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MACON Co Mo

MOTHER
15. MAIDEN NAME SALLY WILLIAMS
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MACON Co Mo

17. INFORMANT (ADDRESS) Guy SAGASER BEVIER, Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE BALLENGER CEMETERY DATE 11/26 1936
19. UNDERTAKER (ADDRESS) H. G. EDWARDS BEVIER Mo
20. FILED 11/28, 1936 Leota Newton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-24, 1936
22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19
I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:
Suicide. Inquest. Killed by discharging a shell from a 12 gal shotgun into his abdomen
Date of onset
Other contributory causes of importance
167
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 11/24, 1936
Where did injury occur? Macon Co., Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
In home
Manner of injury Gun shot penetrating
Nature of injury Shot self abdomen
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W H Goody, M. D.
(Address) Elmer Mo