

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

Do not use this space.

2577

PLACE OF DEATH

County Ray Co Registration District No. 743
 Township Oriskany Primary Registration District No. 5978
 City Marion (No.) (If nonresident, give city or town and State)
 (St. Ward)

2. FULL NAME Alexander Sargan

(a) Residence, No. St. 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4/19/1844

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 9 3

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) Lancaster Kentucky

13. NAME Sargan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Impossible to get

15. MAIDEN NAME Impossible to get

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Impossible to get

17. INFORMANT Chas Sargan (ADDRESS) Liberty Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Refrigerator DATE Jan 23 1931

19. UNDERTAKER C. H. Bray (ADDRESS) Oriskany Mo

20. FILED 19 L. E. Ellis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 22 1931

22. I HEREBY CERTIFY That I attended deceased from Dec 23 1930 to Jan 22 1931
 I last saw him alive on Jan 21 1931. Death is said to have occurred on the date stated above, at 1 a.m.

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

Lobar Pneumonia Date of onset About Dec 18 1930
108 108 135 120

Other contributory causes of importance:
Enterocolitis chronic
Colitis chronic

Name of operation Date of
 What test confirmed diagnosis? Chemical 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

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) L. E. Ellis, M. D.
 (Address) Oriskany Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

FEB 20 1931

