

DEC 21 1931

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

Do not use this space.

37212

1. PLACE OF DEATH

County Cole
Township Moreau
City (No.)

Registration District No. 214
Primary Registration District No. 51

File No.
Registered No. 39
St. Ward

2. FULL NAME Casper Sauerhage

(a) Residence, No. Lohman, R.R. 1 St. Ward
(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. (If nonresident, give city or town and State)

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) July 12th, 1851

7. AGE YEARS 80 MONTHS 4 DAYS 5 If LESS than 1 day, hrs. or min.

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) Germany

13. NAME Casper Sauerhage

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME No Record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT John Sauerhage (ADDRESS) Lohman, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Evangelical Cem. DATE Nov. 19th 1931

19. UNDERTAKER G. N. Steffens (ADDRESS) Russellville, Mo.

20. FILED 7/22/19 1931 Mrs. H. L. Culver Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 17th 1931 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 14th 1931 to Nov. 17th 1931, 1931.
I last saw him alive on Nov. 16th 1931, 1931. Death is said to have occurred on the date stated above, at 8:30 A.M.
The principal cause of death and related causes of importance were as follows:

Cardiac Asthma

Other contributory causes of importance: Senility

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? 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) G. S. Glover M. D.
(Address) Russellville Mo.

