

Name, Samuel B. Sager

Place of Death, Newport, N.H

No. _____ Street _____

Ward, _____ Village, _____

How long a resident, 4 years

Previous residence, Wakefield, Mass

If death occurred at an institution give name of same

How long an inmate, _____

Where from, _____

Date of Death: Year, 1928 Month, Oct. Day, 15

Age: Years, 80 Months, 2 Days, 3

Place of Birth, Holmesburg, Pa.

Date of Birth: Year, 1848 Month, Aug. Day, 12

Sex, M Color, W Married, Single, Widowed or Divorced. W

Occupation, Retired

Cause of Death, Cerebral hemorrhage
Duration, 2 weeks

Contributing Cause, Arterio sclerosis
Duration, 10 years

Name of Father, Samuel Roberts Sager

Maiden Name of Mother, Jane Bowman

Birthplace of Father, Pottsville, Pa

Birthplace of Mother, Charlestown, N.H

Occupation fo Father, Veterinary

(Record continued over)