

APR 30 1930

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

Do not use this space.

11283

1. PLACE OF DEATH

County Saline  
Township  
City Marshall, Mo. (No. ....)

Registration District No. 496  
Primary Registration District No. 3038

File No. ....  
Registered No. 38  
St. .... Ward)

2. FULL NAME

J. B. Sawyer  
(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 white

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

single

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

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

1876

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, .... hrs. or .... min.

69

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-

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Printer

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN)

Lancaster

(STATE OR COUNTRY)

Penn.

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

Dr. W. E. White

(Address)

15. FILED

4-3 1930 Mrs. John H. McQuinn  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Mar. 21 1930

17.

I HEREBY CERTIFY, That I attended deceased from 3/20 to 3/21, 1930 that I last saw him alive on 3/21, 1930, and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

131  
111B  
Suppurative pneumonia  
(duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY)

Ch. Angitis  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) J. B. Sawyer, M. D.

(Address) Marshall Mo.

\*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

DATE OF BURIAL

Pinham Cem. Arrow Rock Mo. Mar 24 1930

20. UNDERTAKER

ADDRESS

J. L. Sumner  
Marshall Mo.

Exact statement of OCCUPATION is very important.  
CAUSE OF DEATH in plain terms, so that it may be properly classified.

