

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.

1 PLACE OF DEATH

County Vernon
 Township Washington
 or
 Village
 or
 City State Hospital No. 3

Full name
Unostawable

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

Registration District No. 875 File No. 8210
 Primary Registration District No. 6162 Registered No. 30807
 St. _____ Ward _____

2 FULL NAME

John D. Sawyer

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) unknown

6 DATE OF BIRTH unknown (Month) _____ (Day) _____ (Year) _____

7 AGE About 80 yrs. _____ mos. _____ ds. IF LESS than 1 day _____ hrs. or _____ min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work unknown (b) General nature of industry business, or establishment in which employed (or employer) _____

9 BIRTHPLACE (City or town, State or foreign country) unknown

PARENTS
 10 NAME OF FATHER unknown
 11 BIRTHPLACE OF FATHER (City or town, State or foreign country) unknown
 12 MAIDEN NAME OF MOTHER unknown
 13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) M. N. Bennett (Address) Merada Mo.

15 Filed 8-21, 1917 W. Petty Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug. 20, 1917 (Month) _____ (Day) _____ (Year) _____

17 I HEREBY CERTIFY, that I attended deceased from April 1st, 1913, to Aug 20, 1917, that I last saw him alive on Aug 20, 1917, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:
Acute insufficiency
 (Duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) _____ (Duration) _____ yrs. _____ mos. _____ ds. (Signed) J. W. Dawson M. D. 8-21-17, 1917 (Address) Merada Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) At place of death 6 yrs. 11 mos. 18 ds. In the State _____ yrs. _____ mos. _____ ds. Where was disease contracted if not at place of death? _____ Former or usual residence Lawrence Co.

19 PLACE OF BURIAL OR REMOVAL Carthage Mo. DATE OF BURIAL Aug 21, 1917

20 UNDERTAKER Allen V. Hays ADDRESS Merada Mo.

