57'

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

Do not use this space.

294

85

1. PLACE OF DEATH

County: Buchanan. Registration District No.: 1001 File No.:

Township: Primary Registration District No.: Registered No.: 53

City: St. Joseph (No. St. Joseph Hodp St. Ward)

2. FULL NAME: James I. Sayles

(a) Residence. No. Saxton Mo St., Ward. Saxton Mo.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 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): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug ust 6,1876

7. AGE: Years 52 Months 5 Days 5 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Farmer

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

(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN): Iron Mountain
(STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: John Sayles

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Ireland

12. MAIDEN NAME OF MOTHER: Mary Stapleton

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Indianana

14. INFORMANT: Mrs Bertha Sayles
(Address): Saxton Mo.

15. FILED: JAN 12 1929 19 John G. Jetz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): January 11 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 6, 1929, to Jan 11, 1929 that I last saw her alive on Jan 11, 1929, and that death occurred, on the date stated above, at 5-35 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (SECONDARY): Influenza

(duration) yrs. mos. 21 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? no DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) John I. Byrne, M. D

Jan 12, 1929 (Address) St Joseph 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: St. Joseph Cemetery, Easton

DATE OF BURIAL: Jan. 14 1929

20. UNDERTAKER: H. L. Sidenfaden

ADDRESS: 1802 Union St

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

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.

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