

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

Do not use this space.

1. PLACE OF DEATH
 County Andrew Registration District No. 8 File No. 17129
 Township Lincoln Primary Registration District No. 3011 Registered No. _____
 City _____ (No. 3 1/2 miles N. W. of Anderson mo) St. _____ Ward _____

2. FULL NAME Lawrence Sayles
 (a) Residence No. 3 1/2 miles N. W. of Anderson Ward _____ (If nonresident give city or town and State)
 (Usual place of abode)
 Length of residence in city or town where death occurred 62 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Bridget Sayles</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>about 1852</u>		
7. AGE	YEARS <u>77</u>	MONTHS <u>0</u>
	DAYS <u>0</u>	IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) <u>unknown</u> (STATE OR COUNTRY) <u>Ireland</u>		
10. NAME OF FATHER <u>Thomas Sayles</u>		
11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>unknown</u> (STATE OR COUNTRY) <u>Ireland</u>		
12. MAIDEN NAME OF MOTHER <u>Ellen Byron</u>		
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>unknown</u> (STATE OR COUNTRY) <u>Ireland</u>		
14. INFORMANT <u>Lawrence H. Sayles</u> (Address) <u>nodaway mo.</u>		
15. FILED <u>5-29-1929</u> <u>J. W. Holcomb</u> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) May 27 1929

17. I HEREBY CERTIFY, That I attended deceased from May 15, 1929, to May 15, 1929, that I last saw him alive on May 13th, 1929, and that death occurred, on the date stated above, at 12 noon

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Paresis
Paralysis
81A

(duration) _____ yrs. _____ mos. _____ da.

CONTRIBUTORY Senical injury
 (SECONDARY)
 (duration) 18 yrs. _____ mos. _____ da.

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

8 DID AN OPERATION PRECEDE DEATH? NO (STATE OF _____)

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? S.H. Bowers, M. D.
5/27, 1929 (Address) Anderson 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 Mount Olivet Cemetery DATE OF BURIAL May 29 1929

20. UNDERTAKER H. O. Sidelup ADDRESS 1802 Union St.

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.

15-15-17129-a

