

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

Do not use this space.

31931

1. PLACE OF DEATH

County Nevada Registration District No. 875
 Township Washington Primary Registration District No. 6163
 City Hendry (No.) St. Ward)

File No.
 Registered No. 219

2. FULL NAME

Ruth Stella Sawyer
 (a) Residence. No. St Hosp # 3 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. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</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>E. P. Sawyer</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Jan 30-1895</u>		
7. AGE	YEARS <u>35</u>	MONTHS <u>7</u>
	DAYS <u>29</u>	IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) Ill. (STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>John Keenan</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Chicago</u> (STATE OR COUNTRY) <u>Ill.</u>
	12. MAIDEN NAME OF MOTHER <u>Rose Weber</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>St Louis</u> (STATE OR COUNTRY) <u>Mo</u>

14. INFORMANT State Hosp. # 31 (Address)

15. FILED 10/9, 1930 E. R. King REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 29 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1930, to Sept 29, 1930. that I last saw her alive on Sept 29, 1930, and that death occurred, on the date stated above, at 11:15 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Encephalitis 78 B
 (duration) ? yrs. mos. ? ds.

CONTRIBUTORY acute encephalitic psychosis (SECONDARY) (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? yes DATE OF

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy + Laboratory (Signed) J. H. Matthe, M.D.

9/29, 1930 (Address) Nevada

*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 Willow Spgs Mo DATE OF BURIAL 10/21 1930

20. UNDERTAKER Henry Funeral Home ADDRESS Nevada

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.

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

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NOV-3 1930

