

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

Do not use this space.

40011

**1. PLACE OF DEATH**

County Adair  
Township                       
City Richville (No.                     )

Registration District No. 4  
Primary Registration District No. 3001

File No.                       
Registered No. 206  
St.                      Ward                     

**2. FULL NAME**

Charlotte Page Sawyer  
(a) Residence, No. 413 E. Pierce 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>W. F. Sawyer.</u>		6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1-30-1864</u>		
7. AGE	YEARS <u>67</u>	MONTHS <u>10</u>	DAYS <u>18</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Osteopathy Doctor</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
10. Date deceased last worked at this occupation (month and year) <u>                    </u>		11. Total time (years) spent in this occupation <u>                    </u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>				
MOTHER	13. NAME <u>O. E. Page</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>			
	15. MAIDEN NAME <u>Phila</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>				
17. INFORMANT <u>Mrs. Carl Miller</u> (ADDRESS) <u>413 E. Pierce Richville Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Maple Hill</u> DATE <u>12-20</u> , 19 <u>31</u>				
19. UNDERTAKER <u>Dee Riley</u> (ADDRESS) <u>Richville Mo</u>				
20. FILED <u>12-29</u> , 19 <u>31</u> <u>Mrs. O. N. Rucker</u> Registrar.				

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-18-, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1931 to Dec 18, 1931.  
I last saw her alive on Dec 18, 1931. Death is said to have occurred on the date stated above, at 4 P m.  
The principal cause of death and related causes of importance were as follows:  
47  
689.  
Carcinoma of Uterus  
duration about 5 years.  
Other contributory causes of importance:  
Chronic Endocervicitis

(Name of operation)                      Date of operation                       
What test confirmed diagnosis Physical findings Was there an autopsy?                     

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?                      Date of injury                     , 19                    .  
Where did injury occur?                      (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury                       
Nature of injury                     

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify                       
(Signed) Roy M. Hays  
(Address) Richville Mo

MARGED RESERVED FOR BINDING

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

V.S. NO. 2.

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.

1932

