

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

Do not use this space.

9065

1. PLACE OF DEATH  
55 County Linn  
Township North  
City North Linn (No. \_\_\_\_\_)

Registration District No. 470  
Primary Registration District No. 5633

File No. 7  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME W. H. Sawyer  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. ds. How long \_\_\_\_\_ mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 30, 1854

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
77. 4 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm

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) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark. Mo.

13. NAME James Sawyer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO.

15. MAIDEN NAME Thoda Dreed

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO.

17. INFORMANT W. H. Sawyer

18. BURIAL, CREMATION, OR REMOVAL PLACE North Linn DATE March 11, 1932

19. UNDERTAKER (ADDRESS) Phil's Funeral Home

20. FILED W. J. Fulton

Registrar.

**MEDICAL**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1932 to March 10, 1932  
I last saw him alive on March 5, 1932. Death is said to have occurred on the date stated above, at 7 P.M.

The principal cause of death and related causes of importance were as follows:

Peritonitis of Stomach Date of onset 1930

46B  
Other contributory causes of importance: 46B 0

Name of operation no Date of \_\_\_\_\_  
What test confirmed diagnosis? chance 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 W. J. Fulton, M. D.  
(Signed) not Vernon (Address) \_\_\_\_\_

APR 27 1932

