

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

Do not use this space.

**32420**

**1. PLACE OF DEATH**

County Jackson Registration District No. \_\_\_\_\_  
Township Kaw Primary Registration District No. \_\_\_\_\_  
City Kansas City (No. 6254 E 15th St.) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 3149  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** C. H. Sawyer

(a) Residence, No. 6254 E 15th St. St. 12 Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>
-----------------------	----------------------------------	---

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Mrs. Antonette Sawyer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 17, 1864

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>68</u>	<u>7</u>	<u>2</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Restaurant Proprietor</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>246</u>
	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) Providence, R. I.

FATHER 13. NAME Dont Know

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

MOTHER 15. MAIDEN NAME Dont Know

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

17. INFORMANT Mrs. Antonette Sawyer  
(ADDRESS) 6254 E. 15th St. K. C. Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 10/21 1932

19. UNDERTAKER Freeman Mortuary  
(ADDRESS) 104 W 42nd St K C Mo

20. FILED 10/20 3 11/11/32  
W. M. Groome  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 19 '32

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.  
I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
The principal cause of death and related causes of importance were as follows:

Arterio  
99B 99  
Other contributory causes of importance:  
Date of onset

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed \_\_\_\_\_ 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) Stanley M. Hayes, M. D.  
W. M. Groome  
(Address) \_\_\_\_\_

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.

Dr. Stanley M. Hall

518 Argyle Bldg

11:30