

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

Do not use this space.

34722

PLACE OF DEATH

County Bates
Township New Home
City _____ (No. _____)

Registration District No. 53
Primary Registration District No. 5084

File No. _____
Registered No. 41 (Ward)

2. FULL NAME Mrs Mary Bliford Sayers

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jamies Sayers</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1859-6-24</u>		
7. AGE	YEARS	MONTHS
<u>73</u>	<u>4</u>	<u>7</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>House wife</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) <u>New York</u> <u>2</u>		
13. NAME <u>Don't know</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>" "</u> <u>31</u>		
15. MAIDEN NAME <u>Don't know</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>" "</u>		
17. INFORMANT <u>James Sayers</u> (ADDRESS) <u>Rich Hill mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Catholic Cemetery 11-4 32</u>		
19. UNDERTAKER <u>A. E. Buchanan</u> (ADDRESS) <u>Rich Hill mo</u>		
20. FILED <u>W. H. St. Charles</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 1 1932

22. I HEREBY CERTIFY That I attended deceased from Nov 31 to Nov 1, 1932
I last saw him alive on Oct 20, 1932. Death is said to have occurred on the date stated above, at 11:30 am.
The principal cause of death and related causes of importance were as follows:
Stroke
131
Other contributory causes of importance: 131

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? (D)

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) W. H. St. Charles, M. D.
(Address) Rich Hill mo

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.

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100
100