

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

Do not use this space.

1. PLACE OF DEATH

County Washington
Township Concord
City (No.)

Registration District No.
Primary Registration District No. 1-1-1

File No. 38143-A
Registered No.
St. Ward)

2. FULL NAME

Emmer Sawyer

(a) Residence, No. Prb. Mo. R.R. 2, 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

6. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF W. J. Sawyer
WIFE OF

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 15 1874

8. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 0 16

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

11. Date deceased last worked at this occupation (month and year) none 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iron County Mo.

13. NAME John. Vance

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

15. MAIDEN NAME Sarah Moore

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

17. INFORMANT M. W. J. Sawyer
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Tunage Creek Cem. DATE Nov. 3rd 1933

19. UNDERTAKER Spak & Spak
(ADDRESS) Prb. Mo.

20. FILED 3-14 19-33 J. P. Young
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 1 - 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-1, 1932 to 10-1, 1933

I last saw him alive on 10-1, 1933 Death is said to have occurred on the date stated above, at 7 a.m.

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

Other contributory causes of importance:
1932 137A

Name of operation 8 Date of 11
What test confirmed diagnosis? 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) J. P. Young, M. D.
(Address) Prb. Mo.

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.

110
1 1933

1939
~~1874~~
1888