

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.

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

Do not use this space.

39680

1. PLACE OF DEATH
County Jackson Registration District No. 309
Township 15th Primary Registration District No. 2000
City W. C. Mo (No. 1713, Montgomery) St. 4000 (Ward)

2. FULL NAME James Joseph Sayers
(a) Residence, No. 1713 Montgomery St., 11 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 M 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ellen Jane Sayers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 8 10

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

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) Mass 2

13. NAME Thomas J Sayers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 15

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 1

17. INFORMANT (ADDRESS) Wm. M. Sayers
1713 Montgomery

18. BURIAL, CREMATION, OR REMOVAL PLACE W. C. Mo DATE Dec 13, 1932

19. UNDERTAKER (ADDRESS) Wm. M. Crowe
1713 Montgomery

20. FILED 12-11-32 W. C. Mo Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/10/32 19

22. I HEREBY CERTIFY, That I attended deceased from Deputy Crowe, 19
I last saw him live 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:
Aortic stenosis Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis autopsy Was there an autopsy? yes

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. C. Mo, M. D.
(Address) Deputy Crowe

