

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.

JAN 27 1933

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

Do not use this space.

40923

1. PLACE OF DEATH
 75 County Oregon Registration District No. 636
 Township Pinola Primary Registration District No. 5844
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Irven Oliver 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 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>male</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Sawyer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 24, 1854</u>		
7. AGE	YEARS	MONTHS
	<u>76</u>	<u>8</u>
		DAYS
		<u>27</u>
		IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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) <u>Walton MO</u> <u>Sauv eo mo</u>		
FATHER	13. NAME <u>James Sawyer</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>North Carolina</u>	
MOTHER	15. MAIDEN NAME <u>Margaret Blakley</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
17. INFORMANT (ADDRESS) <u>M. W. Sawyer</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Smiths</u> DATE <u>14 1933</u>		
19. UNDERTAKER (ADDRESS) <u>Leo Cull</u>		
20. FILED <u>1/10</u> 19 <u>33</u> <u>Genak Bailey</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY: That I attended deceased from May 14 1932 to Dec 21 1932
 I last saw him alive on Dec 21, 1932. Death is said to have occurred on the date stated above, at 8:45 p.m.
 The principal cause of death and related causes of importance were as follows:
Valvular heart trouble
92A 92A
 Date of onset Don't know

Other contributory causes of importance:
Don't know

Name of operation none Date of _____
 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 no
 Nature of injury heart

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) J. H. Great, M. D.
 (Address) Alton mo

msic