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

Do not use this space.

3483

1. PLACE OF DEATH

County ..... Registration District No. 701 File No. .....

Township ..... Primary Registration District No. 1002 Registered No. 411

City St. Louis (No. 4229 W Cote Brilliante St. ..... Ward)

2. FULL NAME Patsy Sawyer

(a) Residence, No. 4229 W Cote Brilliant St., 11 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem.

4. COLOR OR RACE Col.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Cornelius Sawyer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1882

7. AGE Abt 50 YEARS MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) Greensburg, Ky.

FATHER

13. NAME Charles Durrett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greensburg, Ky

MOTHER

15. MAIDEN NAME Patsy Durrett

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

17. INFORMANT (ADDRESS) Cornelius Sawyer, 4229 W Cote Brilliante

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Pk DATE 1/12th 1933

19. UNDERTAKER (ADDRESS) W. C. Gordon Und. Co. 2649 Morgan Street

20. FILED JAN 11 1933 19 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1932, to Jan 8, 1933

I last saw her alive on Jan 8, 1933. Death is said to have occurred on the date stated above, at 1.35 A.m.

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

82A Apoplexy Cerebral — Date of onset Nov 20/33

82B

82C

Other contributory causes of importance:

Hemiplegia — Dec 1921

Name of operation ..... 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 .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Otto L. Schlender, M. D.

(Address) 4906 Washington

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

VS. NO. 2