

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

Do not use this space.

13755

File No. 411
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County Lawrence Registration District No. 467
Township Aurora Primary Registration District No. 4280
City Aurora (No. Ozark-Hospital) St. _____ Ward _____

2. FULL NAME John Riley Saur

(a) Residence, No. 119 West Cline 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 19-1928

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
5 0 9

OCCUPATION 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. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Aurora (STATE OR COUNTRY) Missouri

FATHER 13. NAME John Saur

14. BIRTHPLACE (CITY OR TOWN) Illinois (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME Jane Ruleford

16. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY) _____

17. INFORMANT John Saur (ADDRESS) Aurora Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Park Cem. DATE April 30 19 38

19. UNDERTAKER King Funeral Home (ADDRESS) Aurora Mo.

20. FILED _____ 19 _____ Registrar P.W. Smart

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 28 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr 26 1933, to Apr 28 1933
I last saw him alive on Apr 25 1933. Death is said to have occurred on the date stated above, at 5:30 a.m.

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

General Peritonitis Date of onset 1718/21
1719/21
Other contributory causes of importance: Acute appendicitis

Name of operation Appendectomy Date of Apr 26
What test confirmed diagnosis? Clinical 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? No
If so, specify _____
(Signed) P.W. Smart, M. D.
(Address) Research Ave

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.

MAY 22 1938

THIS IS A PERMANENT RECORD

