

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.

JAN 26 1934

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

Do not use this space.

39268

1. PLACE OF DEATH

11 County BuchananRegistration District No. 85

5 Township

Primary Registration District No. 1295City St. Joseph(No. 121 Massachusetts, St. _____ Ward _____)

File No. _____

Registered No. 12952. FULL NAME Martha Elizabeth Sawyers,(a) Residence, No. 121 Massachusetts St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married,</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Henry A. Sawyers,</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 11, 1865</u>		
7. AGE	YEARS	MONTHS
	<u>68</u>	<u>5</u>
		DAYS
		<u>10</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>Housekeeping</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>At Home, 956</u>
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation <u>107 93</u>
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Cadiz, Ohio,</u>
	13. NAME	<u>Alexander Foster,</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Smithfield, Ohio,</u>
	15. MAIDEN NAME	<u>Eleanor Barnes,</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Irwin, Pennsylvania</u>
	17. INFORMANT (ADDRESS)	<u>Mr. Henry A. Sawyers, 121 Massachusetts</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Miriam Cem.</u> DATE <u>Dec. 24th, 1933</u>		
19. UNDERTAKER <u>Heaton-Bell & Co., 15 Bowman</u> (ADDRESS) <u>319 S. 10th St. Funeral Home</u>		
20. FILED <u>12-22-1933</u> <u>John K. Bender</u> Registrar		

5 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Aug. 25, 1933, to Dec. 21, 1933
I last saw her alive on Dec. 21, 1933. Death is said to have occurred on the date stated above, at 7:00 p. m.
The principal cause of death and related causes of importance were as follows:

<u>Arterio-sclerosis (general)</u>	Date of onset
<u>Arterial hypertension</u>	?
<u>Cardiac hypertrophy & dilatation</u>	1931
<u>Myocardial insufficiency</u>	1932

Other contributory causes of importance:
Bronchopneumonia 12/10/33

Name of operation none Date of _____
What test confirmed diagnosis? clinical 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? no
If so, specify _____
(Signed) G. T. Bleasner, M. D.
(Address) 1218 N. 3rd St.

