

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

Do not use this space.

OCT 15 1934

1. PLACE OF DEATH
40 County Grundy Registration District No. 328
Township Lincoln Primary Registration District No. 5462
City Frenton (No. _____) St. _____ Ward _____

2. FULL NAME Hugh P. Sawyer
(a) Residence, No. Frenton, P. D. St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 42 yrs. 8 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident, give city or town and State)

32581

File No. _____
Registered No. _____

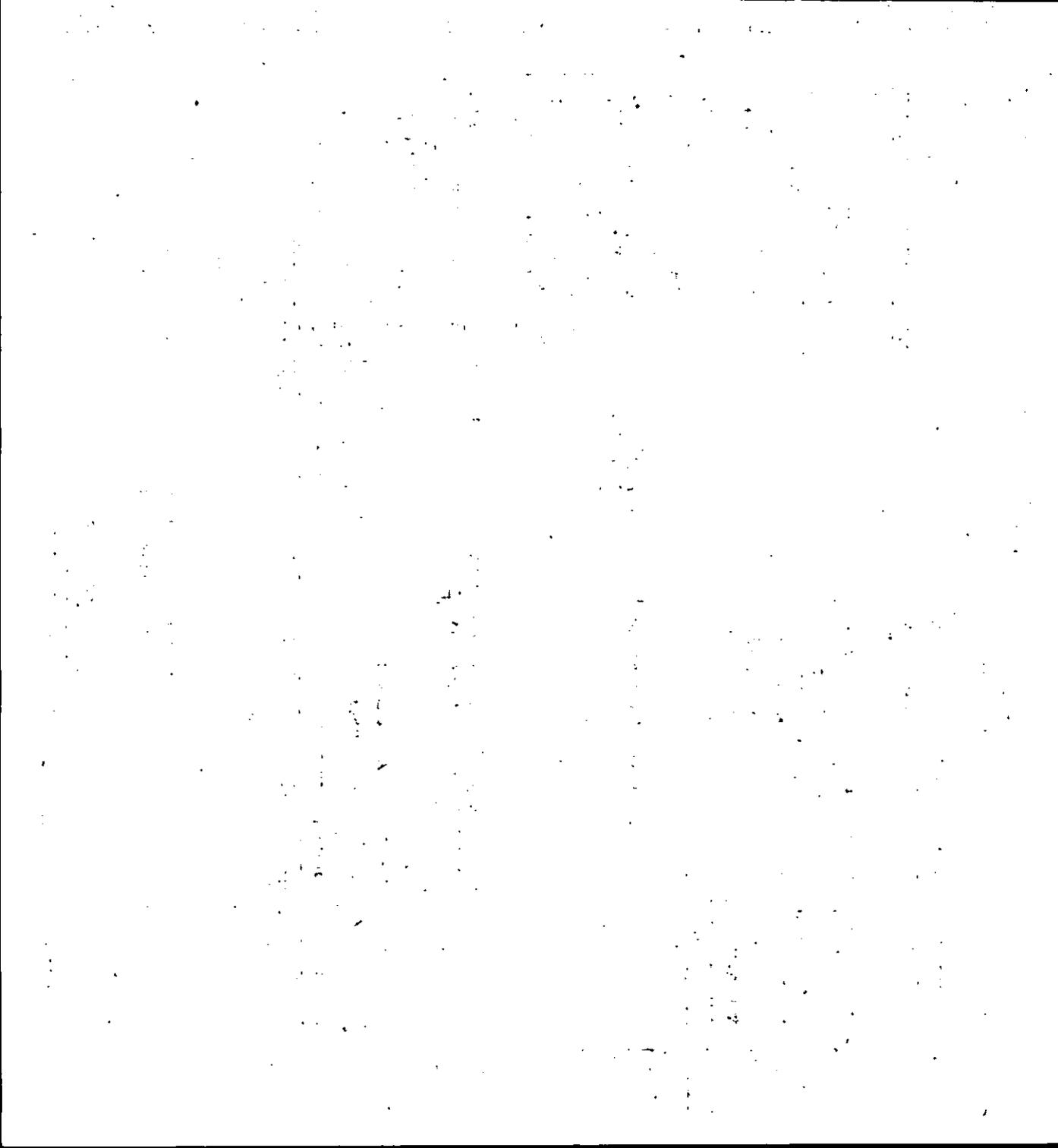
PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 4 - 1892
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42 8 24
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) Grundy Co. Missouri
13. NAME Henry H. Sawyer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
15. MAIDEN NAME Macedonia Cochran
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grundy Co. Missouri
17. INFORMANT H. V. Sawyer
(ADDRESS) Frenton, Mo. P. D. #1
18. BURIAL, CREMATION, OR REMOVAL PLACE South Essex Cem. DATE Sept 29, 1934
19. UNDERTAKER Wm. D. Sawyer
(ADDRESS) Frenton, Mo. P. D. #1
20. FILED 9-29-34 Frenton, Mo.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 28, 1934
22. I HEREBY CERTIFY, That I attended deceased from Sept, 1934, to Sept. 28, 1934
I last saw him alive on Sept 27, 1934. Death is said to have occurred on the date stated above, at 5:15 a.m.
The principal cause of death and related causes of importance were as follows:
Obstruction of the bowel, probably due to congenital malformation
1570
1293
Other contributory causes of importance:
Name of operation None Date of _____
What test confirmed diagnosis? None Was there an autopsy? No
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) E. H. Muller, M. D.
(Address) Frenton, Mo.

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
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Greene
Township Lineal
City (No. _____) _____

Registration District No. 328
Primary Registration District No. 5462

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

2. FULL NAME

Hugh P 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 42 8 24

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) (STATE OR COUNTRY) _____

13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19 _____

19. UNDERTAKER (ADDRESS) _____

20. FILED 929 1934 J. D. Fair
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____. I last saw him alive 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:

Obtuse fracture of base of skull probably due to a fall from a building - fracture of malformation - Diverticulum

Other contributory causes of importance: _____

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) _____, M. D.
(Address) _____

SUPPLEMENTARY

1224

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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