

AUG 20 1935

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

Do not use this space.

20660

## 1. PLACE OF DEATH

County PettisRegistration District No. 668File No. 208

Township

Primary Registration District No. 3032Registered No. 668City Sedalia(No. 105 W Cooper)

St.

Ward)

2. FULL NAME Jean G. Branch(a) Residence, No. 105 W. Cooper St., Ward.

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

Female

4. COLOR OR RACE

Negro

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

Widow

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

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

March 17, 1878

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, .....hrs. or .....min.

57311

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

housekeeper

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)

Sedalia, Mo.

13. NAME

James Madison Sawyer

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

Don't know

15. MAIDEN NAME

Laura Wilfons

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

Saline Co.

17. INFORMANT (ADDRESS)

Mrs. Lillian J. G. Miller

18. BURIAL, CREMATION, OR REMOVAL PLACE

Sedalia, Mo. DATE July 2, 1935

19. UNDERTAKER (ADDRESS)

J. W. Cooper

20. FILED

July 1, 1935Jean Slack Registrar

## MEDICAL CERTIFICATE OF DEATH

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

June 28, 1935

22. I HEREBY CERTIFY That I attended deceased from

June 27, 1935, to June 28, 1935Last saw her alive on 6-28-1935 Death is saidto have occurred on the date stated above, at 1:30 p. m.

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

Tetanus

Other contributory causes of importance:

Name of operation not taken Date of msWhat test confirmed diagnosis? skull Was there an autopsy? ms

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ms Date of injury June 27, 1935Where did injury occur? at home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury sluck with nail in footNature of injury at her home24. Was disease or injury in any way related to occupation of deceased? w

If so, specify

(Signed) O. R. Maddy, M. D.(Address) 116 E. W. Main

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.

OCCUPATION  
FATHER  
MOTHER

22

31

