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.

AUG 20 1935

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

Do not use this space.

23222

File No.
Registered No. 2985

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. St. Lukes Hospital St. Ward)

Registration District No. 399
Primary Registration District No. 1002

2. FULL NAME George W. Sawyer
(a) Residence, No. 3935 Terrace St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 40 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 9, 1865

7. AGE: Years 69 | Months 11 | Days 15 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber
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 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

FATHER
13. NAME Geo. C. Sawyer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

MOTHER
15. MAIDEN NAME Esther Utter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT Anna Sawyer
(ADDRESS) 3935 Terrace

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Moriah DATE July 25, 1935

19. UNDERTAKER Gates Funeral Home
(ADDRESS) Kansas City, Kansas

20. FILED July 24 1935 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 10 —, 1935, to July 24, 1935
I last saw him alive on July 23, 1935. Death is said to have occurred on the date stated above, at 12:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Delayed Post Operative Shock	July 23
Hi-Ti	

Other contributory causes of importance:
Annular Carcinoma of Pelvic Colon

Name of operation 1st & 2nd Stage Miki Pics Date of 7/18 & 7/22
What test confirmed diagnosis? X-Ray. 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?
If so, specify
(Signed) J. C. Lamar M. D.
(Address) 624 Professional Bldg

F. R. Lamar
Professional Bldg.
Vi. 4426