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.

APR 24 1936

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

Do not use this space.

7345

1. PLACE OF DEATH
County Ripley
Township Jordan
City ..... (No. ..... St. ..... Ward)

Registration District No. 750
Primary Registration District No. 5987

File No. 14
Registered No. 1372

2. FULL NAME Charles Pinkney Sawyer

(a) Residence, No. ..... St., ... Ward ..... (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 32 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 20-1852

7. AGE: Years 83 | Months 2 | Days 5 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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. Timberworker
10. Date deceased last worked at this occupation (month and year) 1935
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

FATHER
13. NAME Chas. Sawyer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER
15. MAIDEN NAME — Wilson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) So. Carolina

17. INFORMANT Chas S. Sawyer
(ADDRESS) Doniphan Mo. R.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Macedonia Cem. DATE 2-26-36

19. UNDERTAKER Jordan
(ADDRESS) Doniphan

20. FILED 2-27, 1936 C. O. Johnston
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-25-36

22. I HEREBY CERTIFY, That I attended deceased from 2/20, 1936 to 2/25, 1936
I last saw him alive on 2/25, 1936. 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:

	Date of onset
Lobar Pneumonia	2/19/36

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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) C. Hofoth, M. D.
(Address) Doniphan Mo.