

APR 17 1936

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

Do not use this space.

10192

1. PLACE OF DEATH

County Greene County Registration District No. 318 File No. _____
Township _____ Primary Registration District No. 30011 Registered No. 254
City Springfield (No. Springfield Baptist Hospital Ward)

2. FULL NAME

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

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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 13-1920</u>		
7. AGE YEARS <u>16</u>	MONTHS <u>0</u>	DAYS <u>7</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>Farmer</u>	
	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) <u>Fair play, Mo.</u>		
FATHER	13. NAME <u>T. W. Sawyer</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Eudora, Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Esther Genkeyis</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Greenfield, Mo.</u>	
17. INFORMANT (ADDRESS) <u>T. W. Sawyer</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE <u>Fair play</u> DATE <u>3/20</u> , 19 <u>36</u>		
19. UNDERTAKER (ADDRESS) <u>Frank W. Barker, Fair play, Mo.</u>		
20. FILED <u>3-20</u> 19 <u>36</u> <u>Ralph W. Langston</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>3/20</u> , 19 <u>36</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>Mar. 19</u> , 19 <u>36</u> , to <u>Mar. 20</u> , 19 <u>36</u> I last saw him alive on <u>Mar. 20</u> , 19 <u>36</u> . Death is said to have occurred on the date stated above, at <u>9:05</u> A.M. The principal cause of death and related causes of importance were as follows: <u>Ruptured gangrenous appendix</u> <u>121A</u> Other contributory causes of importance: _____ Name of operation <u>appendectomy</u> Date of <u>3/19/36</u> 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? <u>No</u> If so, specify _____ (Signed) <u>E. C. Rosberry</u> , M. D. (Address) <u>618 Madruff Bldg</u>
Date of onset

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.

