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 11 1936

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

Do not use this space.

12707

791

1003

File No. 2745

Registered No.

**1. PLACE OF DEATH**

County

Registration District No.

Township

Primary Registration District No.

City St. Louis (No. Peoples Hospital St. Ward)

**2. FULL NAME** Mrs. Mattie Sawyer

(a) Residence, No. 3336 Delmar St., 21 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE Col.

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-23-1877

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 58 yrs | 6 | 15 | |

OCCUPATION

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

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) Dyer Co. Tenn.

FATHER

13. NAME Unknown

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT Vallie Sherman Douglas
(ADDRESS) Alton Ill.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Father Dickson DATE Mar 12 1936

19. UNDERTAKER Ethel M Tyler
(ADDRESS) 3029 Caroline St

20. FILED MAR 12 1936 J. F. Bredeck
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-8-1936

22. I HEREBY CERTIFY, That I attended deceased from 3-7-, 1936, to 3-8-, 1936

I last saw h. alive on 3-8-, 1936. Death is said to have occurred on the date stated above, at 4:30 P.m.

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

| | Date of onset |
|---|---|
| Intestinal Obstruction | 3-5-36 |
| Type - undetermined. | |

Other contributory causes of importance: Unknown

Name of operation none Date of

What test confirmed diagnosis? 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) Blair J. Carter M. D.

(Address) Peoples Hospital