WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

JUN 5 1936

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

Do not use this space.
20750

1. PLACE OF DEATH

County .... Registration District No. 791 File No. ....

Township .... Primary Registration District No. 1008 Registered No. 4933

City .... (No. 4125 W Bell pl St. .... Ward)

2. FULL NAME Blanche E Sawyer

(a) Residence, No. 4125 W Bell pl St., 11 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: Female

4. COLOR OR RACE: Col.

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Henry S Sawyer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 6-30-1891

7. AGE: YEARS 44 MONTHS 10 DAYS 3 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Evangelist

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): Dufsico Missouri

FATHER

13. NAME: Elliek Payne

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Matins Mill Tenn

MOTHER

15. MAIDEN NAME: Florence Rodnie

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

17. INFORMANT: H. S. Sawyer
(ADDRESS): 4125 W Bell pl.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Washington Park DATE: May 6th 1936

19. UNDERTAKER: S. W. Bruce
(ADDRESS): 1008 N Garrison

20. FILED MAY 6 - 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr. 1, 1936, to May 3, 1936

I last saw her alive on May 2, 1936. Death is said to have occurred on the date stated above, at 6:02 m.

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

Sarcoma of Lower jaw

45

Other contributory causes of importance:

Name of operation .... Date of ....

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? no

If so, specify ....

(Signed) Wm E. Hill M. D.

(Address) 1105 N. Sarah

APR 26 1943