

MAR 19 1937

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

Do not use this space.

5876

1. PLACE OF DEATH
 329 County Greene, Registration District No. 816
 1 Township Boone, Primary Registration District No. 4196
 6 City Ash Grove, (No. 1) St. _____ Ward _____

2. FULL NAME Margaret E. Sawdey,

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elias B. Sawdey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12/28/1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 83- - - - I- - - - 10

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

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

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) Born in Illinois.

FATHER 13. NAME Jacob Cadey,

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 L. B. Sawdey, Mo.
 (ADDRESS) Ash Grove,

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Pleasant, Mo. DATE 2/10/37

19. UNDERTAKER A. Galbraith,
 (ADDRESS) Ash Grove, Mo.

20. FILED Feb 9 - 1937 Miss Edmond Jones
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/8/37, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1935 to Feb - 8 - 1937

I last saw her alive on Jan 6:00 P.M. 1937 Death is said to have occurred on the date stated above, at _____.

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

Other contributory causes of importance: Hypertension

Name of operation none 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? None
 If so, specify _____
 (Signed) Charles H. McHaffie, M. D.
 (Address) Ash Grove, Mo.

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.

