MAR 13 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 6244

Township Kaw — Primary Registration District No. 1002 — Registered No. 630

City Kansas City (No. 50 Highway & Brighton Avenue St. Ward)

2. FULL NAME Max S. Sayles

(a) Residence, No. 3000 Charlotte St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Mollie Sayles

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 10, 1882

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	54	3	22	

OCCUPATION

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

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

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) Missouri

FATHER

13. NAME Gilbert L. Sayles

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

MOTHER

15. MAIDEN NAME Frances Groves

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

17. INFORMANT Mrs. Mollie Sayles
(ADDRESS) 3000 Charlotte St., Kansas Cy., Mo.

18. BURIAL, ~~CREMATION OR REMOVAL~~ Mt. Moriah Cem.
PLACE Kansas City, Mo. DATE Feby. 4 1937

19. UNDERTAKER Stine & McClure
(ADDRESS) 3235 Gillham Plaza

20. FILED 2/3 1937 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 2 1937

22. I HEREBY CERTIFY, That I attended deceased from Sixty Crowe, 19..., to ..., 19...

I last saw him alive on ..., 19... Death is said to have occurred on the date stated above, at P m. 1:45

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

Date of onset

Crushing injury of the Chest

Traumatic rupture of the heart

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? Accident Date of injury 2/2/37

Where did injury occur? 50th Hwy & Little Blue Jackson Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Industry

Manner of injury Fell from Ridge

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ..., M. D.

(Address) 4

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.