

MAR 23 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County New MadridRegistration District No. 605Township CrossPrimary Registration District No. 4359City Rice

(No. ....)

St. ....

Ward) .....

## 2. FULL NAME

William James Sawyer  
(a) Residence, No. .... St., ..... Ward. ....  
(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. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 30, 19377. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
168. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. mill  
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) Mo13. NAME Elmer Sawyer14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo15. MAIDEN NAME Ida Belle Jones16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo17. INFORMANT Ida Belle Sawyer  
(ADDRESS) Rice, Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Malden DATE 2-6, 193719. UNDERTAKER none  
(ADDRESS)20. FILED 2/5, 1937 D. G. Husted  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 5, 1937I HEREBY CERTIFY, That I attended deceased from Jan 20, 1937, to Feb 5, 1937I last saw him alive on Jan 25, 1937 Death is said to have occurred on the date stated above, at 8 1/2 m.

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

Pneumonia - lobar

Date of onset

Other contributory causes of importance:

Name of operation..... 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?.....

If so, specify.....  
(Signed) D. G. Husted, M. D.(Address) Rice, 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.

