

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

Do not use this space.

SEP 27 1937

1. PLACE OF DEATH

County Washington
Township Bretton
City _____ (No. _____)

Registration District No. 887
Primary Registration District No. 4179

File No. 32098

Registered No. _____
St. _____ Ward _____

2. FULL NAME

John Edward 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 Male 4. COLOR OF RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 14 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 3 11

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

13. NAME Ellist. B. Sawyer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bo Cordona

15. MAIDEN NAME Francis Kimes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bo Cordona

17. INFORMANT (ADDRESS) Chas W. Sawyer
Piedmont

18. BURIAL, CREMATION, OR REMOVAL PLACE Bismark DATE June 27 1937

19. UNDERTAKER (ADDRESS) Sparks Funeral Home

20. FILED July 1 1937 G.F. Cressman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-25, 1937, to 6-25, 1937. I last saw him alive on 6-25, 1937. Death is said to have occurred on the date stated above, at 1 P.M.

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

apoplexy.

Other contributory causes of importance: arterio-sclerosis

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? _____
If so, specify Yes
(Signed) Jos. L. Thurman, M. D.
(Address) Potosi, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

