

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

Do not use this space.

NOV 16 1937

1. PLACE OF DEATH

County Christian
Township Fruit
City Ozark (No. _____)

Registration District No. 184
Primary Registration District No. 4110

File No. 37421
Registered No. 33
St. _____ Ward _____

2. FULL NAME

Bertha Angeline 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 20 - 1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
44 6 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hour Keeper
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) Indiana

MOTHER FATHER 13. NAME A. L. Fried

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

15. MAIDEN NAME Fluence Whitcomb

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

17. INFORMANT Oliver Sawyer
(ADDRESS) Ozark Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Ozark DATE Oct 8 1937

19. UNDERTAKER B. C. Klepper
(ADDRESS) Ozark Mo

20. FILED Nov 5 1937 Lurella Leonard
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 6 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 6 1937 to Oct 6 1937

I last saw her alive on Oct 6 1937. Death is said to have occurred on the date stated above, at 5 P.m.

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

Cerebral Hemorrhage Date of onset 10/6-37

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? _____
If so, specify _____ (Signed) R. R. Farthing M. D.
(Address) Ozark Mo

Exact statement of OCCUPATION is very important. Do not use this space.

MAR 24 1949