

DEC 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County Hempstead
Township Little Grove
City Wardell mo.

Registration District No. 1099
Primary Registration District No. 5868

File No. 42093
Registered No. _____

2. FULL NAME

Freda Jane Sawyers
(a) Residence, No. Swift, Mo. St. _____ Ward. _____

(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 (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV., 10, 37

7. AGE YEARS MONTHS DAYS If LESS than 1 day 10 or 1 mo. 1 mft.

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) near Wardell, Mo.

13. NAME Lewis M. Sawyers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Conway, Faulkner Ark.

15. MAIDEN NAME Agle Monteen Whittaker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Conway, Ark

17. INFORMANT Lewis M. Sawyers (ADDRESS) Swift mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Wardell mo DATE Nov 22 37

19. UNDERTAKER Friends Wardell mo (ADDRESS)

20. FILED 12-9 1937 J. A. Cream Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOV., 21, 37

22. I HEREBY CERTIFY, That I attended deceased from only when born & after death to er, 1937. I last saw her alive on NOV., 10, 37, 1937. Death is said to have occurred on the date stated above, at about 5 A.M.

The principal cause of death and related causes of importance were as follows: when born, baby was normally developed and was apparently healthy until 3 A.M. NOV. 21, it nursed at 3 A.M. At 5 AM, the baby was observed again and found to be dead. the contributory causes of importance: the cause of death, I could not determine

Name of operation NO 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) A. A. Reeder, M. D. (Address) Portageville, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

78

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