

REC'D MAR 21 1938

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

Do not use this space.

1. PLACE OF DEATH

67 County Mississippi Registration District No. 566 File No. 7468
Township Chickasaw Primary Registration District No. 5762 Registered No. 19
City Charleston (No. _____) St. _____ Ward _____

2. FULL NAME

Ollie Sawyer 120
(a) Residence, No. Rd # 2 St. _____ Ward. _____ (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 1 mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Near 1908</u>		
7. AGE	YEARS	MONTHS
<u>Near 30</u>		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation.
<u>Farm laborer</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Mississippi</u>		
13. NAME <u>Unknown</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT <u>E. C.razier R.D.#5</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Red Hill Church</u> DATE <u>Feb. 8 1938</u>		
19. UNDERTAKER <u>Tracy's Funeral Service</u> (ADDRESS) <u>Charleston</u>		
20. FILED <u>2-9-</u> 19 <u>38</u> <u>Travis D. Varner</u> Registrar. <u>500</u>		

MEDICAL CERTIFICATE OF DEATH 10 P.M.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 7 1938

22. I HEREBY CERTIFY, That I attended deceased 2/3 1938 to 19 1938
I last saw him alive on 2/3 1938 Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Broncho pneumonia following influenza D.K.
Other contributory causes of importance: 11k

Name of operation none Date of _____
What test confirmed diagnosis? Ch. Asperger's Were an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1938
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? no
If so, specify _____
(Signed) E. Chas. Rowling, M. D.
(Address) Charleston, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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