

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

10109
Do not use this space.

APR 11 1939

1. PLACE OF DEATH

(a) County Buchanan, Registration District No. 85
 (b) Township Washington Primary Registration District No. 1001 Registered No. 267
 (c) City St. Joseph, (d) Street No. 121 Massachusetts, St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 36 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

620 Henry A. Sawyers,
 (a) Residence, No. 121 Massachusetts, St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb'y 22, 1959

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 0 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Clergyman, church
 9. Industry or business in which work was done, as saw mill, bank, etc. Presbyterian
 10. Date deceased last worked at this occupation (month and year) March 1928 11. Total time (years) spent in this occupation 53

12. BIRTHPLACE (CITY OR TOWN) Monroe County, 1
 (STATE OR COUNTRY) Ohio,

FATHER 13. NAME William Orr Sawyers, 1
 14. BIRTHPLACE (CITY OR TOWN) Monroe County, 5
 (STATE OR COUNTRY) Ohio,

MOTHER 15. MAIDEN NAME Agnes Kirker,
 16. BIRTHPLACE (CITY OR TOWN) Belfast,
 (STATE OR COUNTRY) Ireland

17. INFORMANT Mrs. Lucile Webster
 (ADDRESS) 121 Massachusetts Str.

18. BURIAL, CREMATION, OR REMOVAL PLACE Maryville, Mo. DATE March 16th, 1939

19. FUNERAL DIRECTOR (NAME) Heaton-Belcher-Bauer
 (ADDRESS) 319 So. 10th Str. Tupper Mo.

20. FILED Mar 14 1939 St. Joseph Mo.
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 14th, 1939

22. I HEREBY CERTIFY, That I attended deceased from 3/2/39, 1939, to 3/14/39, 1939.
 I last saw him alive on 3/14/39, 1939. Death is said to have occurred on the date stated above, at 12:30 a.m.

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

Coronary of
Prost. glass of
51
 Other contributory causes of importance:
Coronary of

Name of operation none Date of no
 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? no
 If so, specify _____
 (Signed) Charles Feaster, M. D.
 (Address) P. O. Box 100, St. Joseph 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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Mar 14, 193

....., or by

Registered Apprentice No., working under my personal supervision.

Signed W. B. Summerfield

Licensed Embalmer No. 3007

P. O. Address 319 E. 10th St. Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.