

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.

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

Do not use this space.

11279

1. PLACE OF DEATH

County JohnsonRegistration District No. 431Township WarrensburgPrimary Registration District No. 5588

City

(No. _____)

File No. _____

Registered No. 41

St. _____

Ward) _____

2. FULL NAME

Permelia Millie Sawyer

(a) Residence, No. _____

St. _____

Ward. _____

(Usual place of abode)

(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

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widow

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

Levi Sawyer

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

Jan. 20, 1857

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

8222

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

House Keeper Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Her own home

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)

Stamton Ill.

13. NAME

Alex Gray

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

Dublin Ireland

15. MAIDEN NAME

Addie Mc Cleary

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

St. Louis Missouri

17. INFORMANT (ADDRESS)

Mary Sawyer Warrensburg, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Green Ridge, Mo. DATE March, 24, 1939

19. UNDERTAKER (ADDRESS)

G. R. Shelley Green Ridge, Missouri

20. FILED

Mar 23, 1939 Eva Bentley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March, 22, 193922. I HEREBY CERTIFY, That I attended deceased from March 18, 1939, to March 22, 1939I last saw her alive on Mar. 21, 1939. Death is said to have occurred on the date stated above, at 3:20 P. M.

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

Date of onset

Chronic MyocarditisOther contributory causes of importance: 970

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical 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? No

If so, specify _____

(Signed) E. P. Brown, M. D.(Address) Warrensburg, Mo.

RECEIVED

District Health Officer No. 8,

District File Number

4/5/34

Date Filed