

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

Do not use this space.

21388

**1. PLACE OF DEATH**

County Jackson Registration District No. 399 File No. 82000  
 Township Stark Primary Registration District No. 1003 Registered No. 82000  
 City J.C.Mo. (No. 4475-E-10th, Pt.) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Jennie M. Sawyer  
 (a) Residence No. 4475-E-10th St. 3 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** Widowed  
 (write the word)  
**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** Mrs. E. Sawyer  
**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** Jan-29-183  
**7. AGE** YEARS 88 MONTHS 5 DAYS 8  
 If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.

**8. OCCUPATION OF DECEASED**  
 (a) Trade, profession, or particular kind of work Housewife  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN; STATE OR COUNTRY)** Indiana

**10. NAME OF FATHER** L.B. Huff

**11. BIRTHPLACE OF FATHER (CITY OR TOWN; STATE OR COUNTRY)** Indiana

**12. MAIDEN NAME OF MOTHER** unknown

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN; STATE OR COUNTRY)** unknown

**14. INFORMANT** Jessie M. Crowe  
 (Address) 4475-E-10th St.

**15. FILED** 7/8 27 M.M. Crowe  
 REGISTRAR res

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** July 7-1927

**17. I HEREBY CERTIFY** That I attended deceased from July 6, 1927, to July 7, 1927  
 that I last saw him alive on July 7, 1927 and that death occurred, on the date stated above, at 9:30 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Pneumonia - lobar  
(left lower)  
131 (duration) yrs. mos. da.

**CONTRIBUTORY (SECONDARY)** Cardio-renal arteriosclerosis? (duration) yrs. mos. da.

**18. WHERE WAS DISEASE CONTRACTED** at home  
 IF NOT AT PLACE OF DEATH...

**DID AN OPERATION PRECEDE DEATH?** No DATE OF \_\_\_\_\_

**19. WAS THERE AN AUTOPSY?** No

**WHAT TEST CONFIRMED DIAGNOSIS?** Clinical  
 (Signed) H. J. Jesson, M.D.

7/7, 19 27 (Address) 909 Biaco

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL** St. Washington **DATE OF BURIAL** July 9, 1927

**20. UNDERTAKER** Mrs. C. L. Foster **ADDRESS** R.E.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.

Dr. H. W. Gillette