

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.

21 1926

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

Do not use this space. 1464

1. PLACE OF DEATH
County Jackson Registration District No. 400
Township Crairie Primary Registration District No. 5553B
City No. St. Ward

2. FULL NAME David E Sawyer
(a) Residence. No. Jackson County Home Ward. (If nonresident give city or town and State)
(Usual place of abode)
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 Male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 21 - 1840
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
87 1 21
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(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) Maine

10. NAME OF FATHER Daniel B Sawyer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Maine
12. MAIDEN NAME OF MOTHER Fannie Brackets
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Maine

14. INFORMANT J W Hostetter
(Address) Little Blue mo

15. FILED Jan 28 7 M Schick
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-1-1928
17. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1927, to Jan 1 1928
that I last saw him alive on Dec 30 1927, and that death occurred, on the date stated above, at 6 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
9010
CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH..... DATE OF.....
WAS THERE AN AUTOPSY.....
WHAT TEST CONFIRMED DIAGNOSIS.....
(Signed) J. H. Greene M. D.
, 19 (Address) Independence Mo

*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 DATE OF BURIAL
Wk Washington Cem Jan 4 1928

20. UNDERTAKER ADDRESS
W J Schue Mortuary City

