

195-0101-195-010

TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
STATE OF TEXAS
CERTIFICATE OF DEATH

422.2 25
STATE FILE NO. 42735

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE

1. PLACE OF DEATH a. COUNTY <u>Navarro</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>TEXAS</u> b. COUNTY <u>Navarro</u>	
b. CITY (If outside corporate limits, write RURAL and give precinct no.) <u>DAWSON</u>		c. CITY (If outside corporate limits, write RURAL and give precinct no.) <u>DAWSON</u>	
c. LENGTH OF STAY (in this place) <u>6 yrs</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) <u>DEMPSEY DEWITT SAWYER</u>		4. DATE OF DEATH <u>July 23, 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar. 10, 1867</u>
9. AGE YEARS MONTHS DAYS <u>86 4 13</u>		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Real estate</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Ill</u>	
12. FATHER'S NAME <u>John R. Sawyer</u> BIRTHPLACE <u>Unknown</u>		13. MOTHER'S MAIDEN NAME <u>Clementine Walker</u> BIRTHPLACE <u>Unknown</u>	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		15. SOCIAL SECURITY NO.	
		16. INFORMANT'S SIGNATURE <u>Mrs Ruth Lawrence</u>	
17. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocarditis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
18a. DATE OF OPERATION		18b. MAJOR FINDINGS OF OPERATION	
		TEXAS DEPARTMENT OF HEALTH REC'D SEP 8 1953 BUREAU OF VITAL STATISTICS	
19. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT SUICIDE HOMICIDE (Specify)	20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20c. (CITY, TOWN, OR PRECINCT NO.) (COUNTY) (STATE)	
20d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. HOW DID INJURY OCCUR?	
21. I hereby certify that I attended the deceased from <u>2-1</u> 19 <u>53</u> , to <u>7-23</u> 19 <u>53</u> , that I last saw the deceased alive on <u>7-23</u> , 19 <u>53</u> , and that death occurred at <u>8:30 P</u> m., from the causes and on the date stated above.			
22a. SIGNATURE (Degree or title) <u>M R Sammons MD</u>		22b. ADDRESS <u>Hubbard Tex</u>	22c. DATE SIGNED <u>8-13-53</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>July 24, 1953</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Dawson Cemetery</u>
23d. LOCATION (City, town, or county) (State) <u>Dawson Texas</u>		24. FUNERAL DIRECTOR'S SIGNATURE <u>Wolfe Funeral Home by H. C. Roberts</u>	
25a. REGISTRAR'S FILE NO. <u>8</u>	25b. DATE REC'D BY LOCAL REGISTRAR <u>8-15-1953</u>	25c. REGISTRAR'S SIGNATURE <u>H Davis</u>	