

1 PLACE OF DEATH
STATE OF TEXAS

TEXAS STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

COUNTY OF Mc Lennan

STANDARD CERTIFICATE OF DEATH

Registrar's No. 64

CITY OR
PRECINCT NO. Waco

No. Providence Sanitarium
4073

If in an Institution, give name of Institution instead of Street and No.

Length of residence in city where death occurred... yrs. mos. days? How long in U. S. if foreign born? ... yrs. mos. days.....

2 FULL NAME
OF DECEASED W J Sawyer

Residence: No. Street.....

Dawson, Texas
If non-residence give city, or town and state

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. Single Married
Widowed Divorced
(Write the word) married

21. DATE OF DEATH
(month, day, and year) Jan. 17, 1933

6a. If married, widowed, or divorced
HUSBAND of Eleanor Sawyer
(or) WIFE of

22. I HEREBY CERTIFY, That I attended deceased from
Dec 29, 1932 to Jan 17, 1933

6. DATE OF BIRTH
(month, day, and year) July 3-1876

I last saw him alive on Jan. 17th 1933; death is said to

7. AGE
56 Years 6 Months 13 Days
If LESS than 1
1 day, hrs. min.

have occurred on the date stated above, at 11 A. M.
The principal cause of death and related causes of importance
were as follows:

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

Carcinoma of the
Prostate & Bladder

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

Other contributory causes of importance:
None.

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) All

Name of operation..... date of.....

13. NAME W J Sawyer

What test confirmed diagnosis? Lab Was there an autopsy?.....

14. BIRTHPLACE (city or town)
(State or country) Don't know

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? None

15. MAIDEN NAME Walker

Date of injury..... 19.....

16. BIRTHPLACE (City or town)
(State or county) All

Where did injury occur? None
(Specify city or town, county, and State)

17. INFORMANT Mrs W J Sawyer

Specify whether injury occurred in in-
dustry, in home, or in public place.

(Address) Dawson Texas

Manner of Injury None

18. BURIAL, CREMATION,
OR REMOVAL
Place Dawson Date 1-18-1933

Nature of Injury None

19. UNDERTAKER W. W. W. W.

24. Was disease or injury in any way
related to occupation of deceased? No.

(Address) Dawson Texas

If so, specify.....

20. FILE DATE AND SIGNATURE OF REGISTRAR
Jan. 21, 1933 F. Morrow

(Signed) W. L. Morrow M. D.
(Address) 303 Franklin St. Waco, Tex.