

1. PLACE OF DEATH		TEXAS DEPARTMENT OF HEALTH		BUREAU OF VITAL STATISTICS		47907	
STATE OF TEXAS		COUNTY OF <u>McLennan</u>		STANDARD CERTIFICATE OF DEATH			
2. FULL NAME OF DECEASED		3. SEX		4. COLOR OR RACE		17. DATE OF DEATH	
<u>Hiram Wesley Sawyer</u>		<u>Male</u>		<u>White</u>		<u>October 28th.</u> 194 <u>3</u>	
2. PRECINCT NO. <u>3</u>		5. SINGLE, MARRIED, WIDOWED OR DIVORCED (WRITE THE WORD)		6. DATE OF BIRTH		18. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM _____, 194 <u>3</u> , TO _____, 194 <u>3</u>	
LENGTH OF RESIDENCE WHERE DEATH OCCURRED <u>0</u> YEARS <u>0</u> MONTHS <u>0</u> DAYS. (SOCIAL SECURITY NO. _____)						I LAST SAW HIM ALIVE ON _____, 194 <u>3</u>	
RESIDENCE OF STREET AND NO. <u>Godley</u>		CITY <u>Godley</u>		COUNTY <u>Johnson</u>		STATE <u>Texas</u>	
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL PARTICULARS			
7. AGE		8A. TRADE, PROFESSION OR KIND OF WORK DONE		8B. INDUSTRY OR BUSINESS IN WHICH ENGAGED		9. BIRTHPLACE (STATE OR COUNTRY)	
<u>57</u> YEARS <u>3</u> MONTHS <u>3</u> DAYS IF LESS THAN 1 DAY		<u>owner & operator</u>		<u>water works Godley et.</u>		<u>Ill.</u>	
10. NAME		11. BIRTHPLACE (STATE OR COUNTRY)		12. MAIDEN NAME		13. BIRTHPLACE (STATE OR COUNTRY)	
<u>John Sawyer</u>		<u>Ky</u>		<u>Miss Walker</u>		<u>Ky</u>	
14. SIGNATURE		15. PLACE OF BURIAL OR REMOVAL		16. SIGNATURE		16. ADDRESS	
<u>Mrs. H.W. Sawyer</u>		<u>Dawson</u> TEXAS		<u>Crosier-Pearson Funeral Home</u>		<u>West</u> TEXAS	
ADDRESS		DATE		MANNER OR MEANS		IF RELATED TO OCCUPATION OF DECEASED, SPECIFY	
<u>Godley</u> TEXAS		<u>10-29</u> 194 <u>3</u>		<u>Brain Hemorrhage</u>			
15. PLACE OF DEATH		16. ADDRESS		17. DATE OF OCCURRENCE		18. PLACE OF OCCURRENCE	
<u>Godley</u> TEXAS		<u>Cleburne</u> TEXAS		<u>10-29</u> 194 <u>3</u>		<u>West</u> TEXAS	
20. FILE NUMBER		FILE DATE		SIGNATURE OF LOCAL REGISTRAR		POSTOFFICE ADDRESS	
<u>47</u>		<u>10/29</u> 194 <u>3</u>		<u>Louis E. Garrison</u>		<u>West</u> TEXAS	

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE

