MAR 21 1928

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

Do not use this space.

1. PLACE OF DEATH
County: Pike
Township: ~~Cuivre~~
City: Bowling Green (No. ..... St. ..... Ward)
Registration District No. 684
Primary Registration District No. 4408
File No. 5925
Registered No. 5

2. FULL NAME: Lina Pearl Sisson

(a) Residence. No. ..... St., ... Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: X X

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 4-1878

7. AGE: Years 50 | Months 1 | Days 6 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: at Home
(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): Near Bowling Green

PARENTS
10. NAME OF FATHER: Woodson Sisson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Near Bowling Green
12. MAIDEN NAME OF MOTHER: Kate Ombar
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Near Bowling Green

14. INFORMANT: Mrs Kate Sisson
(Address) Bowling Green

15. FILED 3/10, 1928 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb. 10 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 26th, 1928, to Feb 10, 1928, that I last saw her alive on 10th, 1928, and that death occurred, on the date stated above, at 5:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Endo. Arthritis Deformans
Endo. Embolism or Clot Causing
Paralysis
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) [signature]
(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. N. Tinsley, M. D
, 19 (Address) Bowling Green 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: Bowling Green Cemetery | DATE OF BURIAL: Feb. 12 1928

20. UNDERTAKER: W. B. Elmore | ADDRESS: Bowling Green M.

Endoarthritis deformans
Entire disturbance on cloft causing
Paralysis (?)