G 28 1928

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

Do not use this space.

1. PLACE OF DEATH
County Perry
Township Saline (BREWER PRCT.)
Registration District No. 660
Primary Registration District No. 5875A
City ..... (No. ..... St. ..... Ward)

File No. 33 24685
Registered No. .....

2. FULL NAME Mary Olivia Cissell
(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF Clark Cissell

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 30, 1853

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
74	7	14	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work ——
(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) Perry Co.

PARENTS
10. NAME OF FATHER Geo Dessells
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Perry Co.
12. MAIDEN NAME OF MOTHER Dorit Kinny
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Perry Co.

14. INFORMANT Dr F L Cissell
(Address) Perryville Mo.

15. FILED 7/16, 1928 Geo. J. Meiker
REGISTRAR
Lon H. Meiker

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 14 1928

17. I HEREBY CERTIFY, That I attended deceased from 4-10-28, 19..., to July 14, 1928 that I last saw him alive on June 6, 1928, and that death occurred, on the date stated above, at 12-30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cardiac Dropsy
95 B
(duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 90B
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) L. L. Fitch M.D.
7-14, 1928 (Address) Perryville 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 Mt. Hope Cemetery
DATE OF BURIAL 7/15 1928

20. UNDERTAKER Weith Funeral Home
ADDRESS Perryville Mo

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.

NOV 1950