

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.

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

Do not use this space.

28-7-21
 46-7-10
 5220-11

24742

1. PLACE OF DEATH

County Pike

Registration District No. 689

Township Louisiana

Primary Registration District No. 3033

City Louisiana (No. 115, 73)

File No. 24742

Registered No. _____

St. _____ Ward _____

2. FULL NAME

(a) Deceased. No. 115 73 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

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 21 1928

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

17. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1928, to July 21, 1928
 that I last saw her alive on July 20, 1928, and that death occurred, on the date stated above, at 8:45 a.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7-10-1876

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 | 0 | 11

Tuberculosis, Pulmonary
 93A
 Abscess Lung

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Shoe factory, maker
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

CONTRIBUTOR (SECONDARY) 3
 (duration) yrs. mos. ds. 5 mos.

9. BIRTHPLACE (CITY OR TOWN) Pike Co Mo
(STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED _____

IF NOT AT PLACE OF DEATH, _____

10. NAME OF FATHER Oscar Buell Sisson

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____

20. WAS THERE AN AUTOPSY? No

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Lynchburg Va
(STATE OR COUNTRY)

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Robert L. Audae, M.D.

12. MAIDEN NAME OF MOTHER Adeline E Miller

(Address) 7/21, 1928 Louisiana, Mo

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ark
(STATE OR COUNTRY)

*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.

14. INFORMANT Mrs A Edison
(Address) Louisiana Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Prairieville Pike Co Mo DATE OF BURIAL 7/22 1928

15. FILED 7/24 1928 J. O. Hays Jr REGISTRAR

20. UNDERTAKER J. O. Hays Jr ADDRESS Louisiana Mo

