

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

Do not use this space.

29498

1. PLACE OF DEATH

County Texas
Township Cass
City Lupton (No.)

Registration District No. 865
Primary Registration District No. 6143

File No. 2/
Registered No.
St. Ward)

2. FULL NAME

Mary Ellen Sigler

(a) Residence, No. St. Ward.

(Usual place of abode)
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. (If nonresident give city or town and State)

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 M Sigler

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 9 1845

7. AGE YEARS 83 MONTHS 4 DAYS 8 If LESS than 1 day, hrs. or min.

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) Wheaton Ky (STATE OR COUNTRY) Ky

10. NAME OF FATHER William Ramsey

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

12. MAIDEN NAME OF MOTHER Mary Shirley

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

14. INFORMANT John C. C. Solo mo (Address)

15. FILED Aug 20 1928 P. P. Hubbard REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 17 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 12 1928 to Aug 17 1928 that I last saw her alive on Aug 17 1928, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
arterio sclerosis
92A
167 POW (duration) 4 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) senility (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?

8 DID AN OPERATION PRECEDE DEATH?

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. P. Russell M. D. , 19 (Address) Stewart 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 Big Creek DATE OF BURIAL Aug 18 1928

20. UNDERTAKER Lay and Elliott ADDRESS Carroll

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.

