#14 JUL 27 1929

95

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

Do not use this space.

22452

1. PLACE OF DEATH
County St. Genevieve — Registration District No. 781 — File No.
Township Beauvais — Primary Registration District No. 6027 — Registered No.
City (No. St. Ward)

2. FULL NAME Teresa 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): widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 24 1846

7. AGE: YEARS 82 — MONTHS 6 — DAYS 7 — 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

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9. BIRTHPLACE (CITY OR TOWN) Brewerville
(STATE OR COUNTRY) Missouri

1

PARENTS
10. NAME OF FATHER Matthew Brewer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Brewerville
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Layton
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown

31

14. INFORMANT Mrs Mary Walters
(Address) Ste Mary's Mo

15. FILED 6/3 1929 Folia Thomme
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 1st 1929

17. I HEREBY CERTIFY, That I attended deceased from March 17, 1929, to June 1, 1929, that I last saw h alive on 19, and that death occurred, on the date stated above, at 9 30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic nephritis
162
(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Old age
(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) John A Weekens, M. D
6/3, 1929 (Address) St Marys 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: Perryville Mo — DATE OF BURIAL: June 4 1929

20. UNDERTAKER: John Basler St. Genevieve Mo — ADDRESS

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.