

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

Do not use this space.

34764

1. PLACE OF DEATH

County Rolla

Registration District No. 547 728

Township Clay

Primary Registration District No. 3029 5961

City Hannibal

(No. Archad Ave. Oakwood)

File No. _____

Registered No. _____

St. _____

Ward _____

2. FULL NAME

Cesar Lee Sittler

(a) Residence. No. Archad Ave.

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

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (or) WIFE OF

Elizabeth Sittler

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

Nov. 2 - 1889

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

39

10

11

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Laborer

(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)

Mo.

10. NAME OF FATHER

Stephen Sittler

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

12. MAIDEN NAME OF MOTHER

Almeta Bond

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

14.

INFORMANT

(Address)

Elizabeth Sittler

Hannibal, Mo.

15.

FILED

May 9, 1929

McDonald

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Oct. 13

1929

17.

I HEREBY CERTIFY, That I attended deceased from Oct. 13, 1929, to Oct. 13, 1929, that I last saw him alive on Oct. 13, and that death occurred, on the date stated above, at 5 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Dilation of Heart

is my best judgement, as

Patient was dead when I arrived

CONTRIBUTORY (SECONDARY)

History about 24 hrs

18. WHERE WAS DISEASE CONTRACTED

IF AT PLACE OF DEATH

Don't Know

DID AN OPERATION PRECEDE DEATH?

no

WAS THERE AN AUTOPSY?

no

WHAT TEST CONFIRMED DIAGNOSIS?

History of case

(Signed)

G. M. Montoye

M. D.

, 19

(Address)

Hannibal 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

DATE OF BURIAL

Hydenburg Cemetery

Oct 15 1929

20. UNDERTAKER

ADDRESS

Wm M Smith

Hannibal

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.

