

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

Do not use this space.

41601

PLACE OF DEATH

County Deming  
Township  
City Courtoisville (No. ....)

Registration District No. 651  
Primary Registration District No. 4388

File No. ....  
Registered No. 162  
St. .... Ward)

2. FULL NAME

Sanford Sissous

(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 Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 14<sup>th</sup> 1929

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or ..... min.  
6 9 23

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None  
(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)  
Madison Miss.

10. NAME OF FATHER James Nipton Sissous

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

12. MAIDEN NAME OF MOTHER Jimmie Ramsey

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

14. INFORMANT (Address) James Nipton Sissous  
Courtoisville MO

15. FILED Dec. 29 1929 Aida Martin REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 9<sup>th</sup> 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 2<sup>nd</sup> 1929 to Dec 9<sup>th</sup> 1929 that I last saw him alive on Dec 8<sup>th</sup> 1929 and that death occurred, on the date stated above, at 8 A. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Measles

180 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Nephritis

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, .....

DID AN OPERATION PRECEDE DEATH? DATE OF OPERATION .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) J. H. McEllissey M. D.

1929 (Address) Courtoisville

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENCE state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Mason Cem 12/10 1929

20. UNDERTAKER

ADDRESS

H S Smith Courtoisville

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.

WRITE PLAINLY, WITH OUTRACING THE BOLD TYPE

**NOV 21 1930**

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MO

8/18