MAR 25 1930

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

85

Do not use this space.

4157

1. PLACE OF DEATH

County Buchanan — Registration District No. 1001 — File No. 226

Township — Primary Registration District No. — Registered No.

City St.Joseph. (No. ..., ... St. ... Ward)

2. FULL NAME Walter Lee Sisk

(a) Residence. No. 6202 1/2 King Hill 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 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 19 – 1928

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	1	6	0	

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

9. BIRTHPLACE (CITY OR TOWN) St.Joseph
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Ira E.Sisk.

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

12. MAIDEN NAME OF MOTHER Jessie Raphael

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St.Joseph.
(STATE OR COUNTRY) Mo.

14. INFORMANT Mrs. Ira E.Sisk.
(Address) 6202 1/2 King Hill Ave.

15. FILED FEB 20 1930, 19... John G. Ott REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 14 1930

17. I HEREBY CERTIFY, That I ~~attended deceased~~ Viewed on from ..., 19..., to ..., 19..., that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at 10:30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho. Pneumonia following acute cold.

118B
106A (duration) ... yrs. ... mos. 5 ds.

CONTRIBUTORY (SECONDARY) Chronic Colitis
(duration) ... yrs. 6 mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED 1130

IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? no no DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? History & Clinical

(Signed) B.W. Tadlock Coroner, M. D.

2/20, 1930 (Address) St Joseph

*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
I.O.O.F.Cemetery.	Feb,21,1930
20. UNDERTAKER Fred D Clark	ADDRESS 5025 King Hill

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.