APR 28 1930

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

Do not use this space.

4489

1. PLACE OF DEATH
County Crawford — Registration District No. 229
Township Boone — Primary Registration District No. 5211
City Bourbon Mo (No. ..... St. ..... Ward)

File No. .....
Registered No. .....

2. FULL NAME Christina Isgrigs
(a) Residence. No. BOURBON, Mo. 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): Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Apr-7-1842

7. AGE: Years 87 | Months 10 | Days 11 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(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): Hardin Co. W. Va.

PARENTS
10. NAME OF FATHER: Jacob Sites
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): W. Virgina
12. MAIDEN NAME OF MOTHER: Mary Roebuck
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Virginia

14. INFORMANT: Mrs Mollie Alexander
(Address) Bourbon Mo

15. FILED Feb 19 1930 F.W. Linstromberg REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb 18 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1930, to Feb 18, 1930 that I last saw her alive on Feb 16, 1930, and that death occurred, on the date stated above, at 7 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Indigestion and weakness
11 C
11.2 (duration) yrs. mos. 30 ds.

CONTRIBUTORY (SECONDARY): Senility
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 11 C
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS? Physical Diag.
(Signed) R P Royse, M. D
, 19 (Address) Bourbon 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: Harrison Cemetery
DATE OF BURIAL: 2/19/ 1930

20. UNDERTAKER: E E Long
ADDRESS: Bourbon Mo.

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.