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

Do not use this space.

12373

MAY 26 1930

1. PLACE OF DEATH
County Grundy — Registration District No. 330 — File No.
Township — Primary Registration District No. 3017 — Registered No.
City Trenton (No. ..... St. ..... Ward)

2. FULL NAME Emmett Siers
(a) Residence. No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 48 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: Jessie Sires

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov. 29-1881

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
48	5	1	

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

9. BIRTHPLACE (CITY OR TOWN) Grundy County
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Columbus Sires
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Munroe Co
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Mary J. Drinkard
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Grundy Co
(STATE OR COUNTRY) Missouri

14. INFORMANT Charles Sires
(Address) Route #7 - Trenton Missouri

15. FILED Apr 30, 1930 E. A. Duffy REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 30 1930

17. I HEREBY CERTIFY, That I attended deceased from not at all, 19 to ..... 19 that I last saw h ..... several weeks ago 19 and that death occurred, on the date stated above, at 7 30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Suicide - Razor cut of throat
168
84 (duration) ..... yrs. ..... mos. 1/2 hour

CONTRIBUTORY (SECONDARY) Mental Depression
(duration) 4 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH ✓
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & autopsy
(Signed) D R Rooks Coroner, M. D.
4/30, 1930 (Address) Trenton 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~~: Salem Country — DATE OF BURIAL: May 1 1930

20. UNDERTAKER: Bern C. Davis #3216 — ADDRESS: Trenton Missouri

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.

FEB 23 1958