

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

38455

1. PLACE OF DEATH

County Andrew Registration District No. 26
 Townshp. Salt River Primary Registration District No. 3002
 City Merita Mo. (No.) St. Ward

File No.
 Registered No. 166
 St. Ward

2. FULL NAME

Rev. James S. Sites
 (a) Residence. No. 1127 E. P.R. St. 4th 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>D. Know</u>		
7. AGE <u>about 69</u>	YEARS	MONTHS
		DAYS
		IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Preacher, I.O.O.F.</u> (b) General nature of industry, business, or establishment in which employed (or employer)..... (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) Dout Know
 (STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>Dout Know</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Dout Know</u>
	12. MAIDEN NAME OF MOTHER <u>Dout Know</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Dout Know</u>

14. INFORMANT Joy Ayers
 (Address) 1115 East P.R. St, Merita

15. FILED Dec 30th 1930 Ira S. Milligan
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 29 1930

17. I HEREBY CERTIFY, That I attended deceased from 19..... to 19..... that I last saw him/her alive on 19..... and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
by accidental means struck by a west bound car of Grand No 11 at the Walnut crossing which in last crossing to station of Merita on the day Dec 29 1930
His Automobile was wrecked
 CONTRIBUTORY (SECONDARY) in this accident
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED? 1850
 IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? Y

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) E.M.D. Budgoff
 . 19 (Address) Coroner (Address)

*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 <u>Chamfield, Ind.</u>	DATE OF BURIAL <u>Jan 1 1931</u>
20. UNDERTAKER <u>H.A. Prescott Son</u>	ADDRESS <u>Merita Mo</u>

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.

MARGIN RESERVED FOR BINDING

S. NO. 2.

