

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.

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

Do not use this space.

2452

1. PLACE OF DEATH

County Pike Registration District No. 689

Township Buffalo Primary Registration District No. 30313

City Pike County Hospital St. _____ Ward _____

2. FULL NAME

MRS Sizemore Florence Sizemore
(a) Residence. No. n Maryland 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)

married

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

married John Sizemore

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

about 68

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

68

00

00

8. OCCUPATION OF DECEASED

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

housewife

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Adams Co

10. NAME OF FATHER

Joseph Grose

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ohio

12. MAIDEN NAME OF MOTHER

Lara Jerguson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Joseph Mo

14.

INFORMANT

(Address)

John Sizemore Louisiana Mo

15.

FILED

4/15 1931

J. H. Hays

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 15 1931

17.

I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____,

that I last saw him alive on Jan 15 1931, and that death occurred, on the date stated above, at 2:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Obstruction of liver (multiple)

125 B

127 B

(duration) _____ yrs. _____ mos. 10 ds.

CONTRIBUTORY (SECONDARY)

Chronic Cholelithiasis

(duration) 10 yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHO TEST CONFIRMED DIAGNOSIS _____

(Signed) _____

Clinical M. D. J. H. Hays

4/15 1931 (Address) Louisiana 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

DATE OF BURIAL

Louisiana Mo

4/16 1931

20. UNDERTAKER

ADDRESS

J. H. Hays

Louisiana Mo

