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.

APR 27 1931

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

Do not use this space.

12311

1. PLACE OF DEATH
County Texas
Township Burdine
City Cabool
Registration District No. 862
Primary Registration District No. 6135
File No.
Registered No. 3
(No. , St. Ward)

2. FULL NAME Rebecca Jane Sitter
(a) Residence, No. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF M. J. Sitter
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 13, 1852
7. AGE YEARS 78 MONTHS 3 DAYS 25 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.
FATHER
13. NAME Wm. Glasgow
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.
MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
17. INFORMANT (ADDRESS) Mrs. Frank Brown.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Cabool Cemetery DATE March 10, 1931
19. UNDERTAKER (ADDRESS) Gaylord V. Elliott Cabool Mo
20. FILED March 10 1931 A. N. Dove Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 8, 1931
22. I HEREBY CERTIFY, That I attended deceased from March 1, 1931, to Mar 8, 1931
I last saw her alive on March 7, 1931. Death is said to have occurred on the date stated above, at 8 a.m.
The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia
Date of onset Mar 1 1931
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Other contributory causes of importance:
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury (1)
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) L. M. Edens, M. D.
(Address) Cabool Mo