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

Do not use this space.

13215

1. PLACE OF DEATH
County Buchanan — Registration District No. 35 — File No.
Township — Primary Registration District No. [illegible] — Registered No. 381
City St. Joseph, (No. Pierce Health Institute St. Ward)

2. FULL NAME Alice Sisson,
(a) Residence. No. St., Ward. Maysville, Missouri.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 2 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: Julius S. Sisson,

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan'y.8, 1861

7. AGE: Years 70 — Months 2 — Days 29 — If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home, 235
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Baldwin,
(STATE OR COUNTRY) Kansas,

PARENTS
10. NAME OF FATHER: Alvin Trim
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown

14. INFORMANT Howard Sisson
(Address) 2408 Pacific Street.

15. APR 7 1931 John R. Bender REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 7 1931

17. I HEREBY CERTIFY, That I attended deceased from April 6, 1931, to April 7, 1931 that I last saw her alive on 4/7/31, 19..., and that death occurred, on the date stated above, at 7:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia (Bronchial)
11A
10A
(duration) yrs. mos. 6 ds.

CONTRIBUTORY (SECONDARY) Influenza
(duration) yrs. mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Maysville Mo
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Phys. findings
(Signed) T O Pierce M. D.
, 19 (Address) St Joseph

*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: Maysville, Mo via auto — DATE OF BURIAL: April 7 1931

20. UNDERTAKER: Heaton Br Gale & Bowman — ADDRESS: 319 S.10 St.
Funeral Home

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.

MAY 21 1931