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

Do not use this space.

15431

1. PLACE OF DEATH

94 County St. Francois — Registration District No. 775 — File No.

Township Perry — Primary Registration District No. 6020 — Registered No. 36

City ..... (No. ..... St. ..... Ward)

2. FULL NAME George Sink

(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 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

MAY 27 1931

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 1, 1931

7. AGE — YEARS — MONTHS — DAYS — If LESS than 1 day, 3 hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Bonneterre
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER George Sink
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Bonneterre
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Ora Roberts
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Elvins
(STATE OR COUNTRY) Mo.

14. INFORMANT Albert Link
(Address) Bonne Terre, Mo.

15. FILED 4/2, 1931 T. A. Son
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

1

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 1 1931

17. I HEREBY CERTIFY, That I attended deceased from April 1, 1931, to April 1, 1931 that I last saw him alive on April 1, 1931, and that death occurred, on the date stated above, at 4 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premaely Born

159

159 (duration) ..... yrs. ..... mos. 0 ds.

CONTRIBUTORY (SECONDARY) .....

(duration) ..... yrs. ..... mos. ..... ds.

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

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Lee Tucley, M. D

4-2-, 1931 (Address) Bonneterre

*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: Woodland Cemetery — DATE OF BURIAL: 4-2 1931

20. UNDERTAKER: Benham Undertaker — ADDRESS: Bonneterre