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

Do not use this space.

24501

1. PLACE OF DEATH
County Charlton — Registration District No. 171 — File No.
Township Keytesville — Primary Registration District No. 4100 — Registered No. 14
City Keytesville (No. ..... St. ..... Ward)

2. FULL NAME Lewis Garven Sisler
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 31 yrs. 11 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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) July-11-1899

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
31	11	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Keytesville Mo.

FATHER
13. NAME George L. Sisler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Princeton Illinois

MOTHER
15. MAIDEN NAME Rachel Kraghbaum
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Keytesville Mo.

17. INFORMANT (ADDRESS) Rachel Sisler Keytesville Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Keytesville DATE July 7nd 1931

19. UNDERTAKER (ADDRESS) Hyde & Garnett Keytesville Mo.

20. FILED July 7th 1931 Zettie Sneed Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1st, 1931

22. I HEREBY CERTIFY, That I attended deceased from Saw him 19 once only, 19
I last saw him alive on July 1st, 1931. Death is said to have occurred on the date stated above, at 12:30 A.m.
The principal cause of death and related causes of importance were as follows:

Died in an epileptic fit

85

Date of onset

Other contributory causes of importance:
Has been an epileptic since birth

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? U.G.
If so, specify —
(Signed) A. W. Gillman, M. D.
(Address) Keytesville