7228

Do not [illegible] space.

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

1. PLACE OF DEATH

County Cooper — Registration District No. 249 — File No. 2

Township Pelley — Primary Registration District No. 5279 — Registered No. 10

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

2. FULL NAME Rasa Siber

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	white	Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 21 1852

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	79	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

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) Switzerland

FATHER

13. NAME John Ressen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Mrs. A. R. Sieber Tipton, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Hopewell DATE 11-20-1931

19. UNDERTAKER (ADDRESS) Jewell E. Richards Tipton Mo

20. FILED Dec 9, 1931 Hattie Paplin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-19-, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 18, 1931, to Nov 20, 1931

I last saw her alive on 11/19/31, 19..... Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

Heart Clot

Date of onset

Other contributory causes of importance: age

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical 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? No

If so, specify .....

(Signed) S. H. Redmon, M. D.

(Address) Tipton Mo

N. B.—Every item of informa[illegible] [illegible]uld be carefully su[illegible]ed. [illegible]GE should be stated EX[illegible]CTLY. PHYSICIANS should state CAUSE OF DEATH in plain t[illegible] that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC 21 1931