WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

DEC 26 1931

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis. Registration District No. 1123 File No. 38861

Township Carondelet Primary Registration District No. 6248 B Registered No. 425

City Jefferson Barracks, Mo. (No. U.S. Veterans Hospital, Jefferson Barracks, Mo. St. Ward)

2. FULL NAME Daniel R. Sisson.

(a) Residence, No. 1410 E. Jefferson Str. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode) Kirksville, Mo.

Length of residence in city or town where death occurred un yrs. kn mos. own 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)
Male.	White.	Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Bertha M. Sisson.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 29, 1890

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	41	7	26	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fire Insurance Agency.

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) Unavailable. Missouri.

FATHER

13. NAME Unavailable.

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

MOTHER

15. MAIDEN NAME Unavailable.

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

17. INFORMANT (ADDRESS) C. H. Smith. Clinical Director. U.S. Veterans Adm. Hospital, Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Kirksville Mo. DATE Nov 25 31

19. UNDERTAKER (ADDRESS) C. Hoffmeister W.L.C. 7814 St. Broadway

20. FILED Nov. 25 1931 L. C. Obrock Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 25, 1931

22. I HEREBY CERTIFY, That I attended deceased from September 26, 1931 to November 25, 1931

I last saw him alive on November, 19.... Death is said to have occurred on the date stated above, at 1:40 PM.

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

Chronic Nephritis severe complicated with uremia. 131

131

Date of onset

Other contributory causes of importance:

Hypertension ; Myocarditis.

Name of operation Physical, X-Ray & Laboratory findings. 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

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. H. Smith, Acting Medical Officer M. D.

(Address) In Charge. U.S. Veterans Adm. Hosp. Jefferson Barracks, Mo.