

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

Do not use this space.

368

1. PLACE OF DEATH
 County Cape Girardeau Registration District No. 125
 Township Cape Primary Registration District No. 3009 File No. _____
 City Cape Girardeau (No. 14) St. Francis Hospital (St. _____) Registered No. 11 Ward _____

2. FULL NAME Lina June Sisdale
 (a) Residence, No. _____ St. _____ Ward. Jackson Mo
 (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 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 Dwight Sisdale

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 16 - 1903

7. AGE 28 YRS. 4 MONTHS 6 DAYS If LESS than 1 day, _____ hrs. or _____ min.

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

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) Lamar, Mo.

FATHER 13. NAME Thomas Wright
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Mo

MOTHER 15. MAIDEN NAME Martha Brooks
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ariola, Mo.

17. INFORMANT (ADDRESS) Dwight Sisdale Jackson Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Grand Right DATE Jan 14 32

19. UNDERTAKER (ADDRESS) M. E. Conley & Co Jackson Mo

20. FILED 1/12 B. W. Campbell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/12, 1932

22. I HEREBY CERTIFY, That I attended deceased from 12/14, 1931, to 1/12, 1932
 I last saw him/her alive on 1/10, 1932 Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
9017R-2
66
66B
66B
1 Thorpelectomy
 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? No
 If so, specify _____
 (Signed) Dwight Sisdale, M. D.
 (Address) Pope Deacons

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.

FEB 23 1932

WHITE PRINT WITH OVERTYPING INK—THIS IS A PERMANENT RECORD

