

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

Do not use this space.

3505

**1. PLACE OF DEATH**

County Nevada  
Township Beulah  
City Nevada (No. ....)

Registration District No. 875  
Primary Registration District No. 3039

File No. ....  
Registered No. 23 Ward

**2. FULL NAME**

(a) Residence, No. 517 E 4th St. .... Ward. ....  
(Usual place of abode)

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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant (Write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 6 - 1932  
7. AGE YEARS MONTHS DAYS AT LESS than 1 day, hrs. or min.  
0 0 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
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) Nevada no

13. NAME Sylvana Dissan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Beulah Nevada

15. MAIDEN NAME Karina Hutton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Layton Nebraska

17. INFORMANT Sylvana Dissan (ADDRESS) Nevada no

18. BURIAL, CREMATION, OR REMOVAL PLACE Deepwood DATE Jan 7 1932

19. UNDERTAKER Ferry Funeral Home (ADDRESS) Nevada no

20. FILED 2-9- 1932 E. P. King Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 6 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan - 6th - 1932 to Jan - 8 - 1932  
I last saw him alive on Jan - 8 - 1932 Death is said to have occurred on the date stated above, at 3 p.m.

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

Cerebral Hemorrhage  
BEA  
J. J. W.  
Other contributory causes of importance:  
(D)

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?.....  
If so, specify.....

(Signed) E. P. King, M. D.  
(Address) Nevada - no

MARGIN RESERVED FOR BINDING  
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.

V. No. 2.

