

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

Do not use this space.

5789

1. PLACE OF DEATH  
 87 County Ralls Registration District No. 726  
 Township Darvinton Primary Registration District No. 0968  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Sarah E Bissell  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Ralls Co. Missouri  
 (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) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jonathan Bissell  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 16, 1852  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
79 2 25  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired  
 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) Not known Pa. Pennsylvania  
 13. NAME Anthony Milleron  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known Pa. Pennsylvania  
 15. MAIDEN NAME Maria J. Walton  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known Pa. Pennsylvania  
 17. INFORMANT Mrs. Gus Franka, Daughter (ADDRESS) 302 New London, Missouri  
 18. BURIAL, CREMATION, OR REMOVAL PLACE McAdow, Scotland DATE Feb. 13, 1932  
 19. UNDERTAKER Wm. M. Smith (ADDRESS) 902 B. Ave., Hannibal, Mo.  
 20. FILED 712 1932 Yvonne Kagan Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 11, 1932  
 22. I HEREBY CERTIFY, That I attended (deceased from Jan \_\_\_\_\_, 19\_\_\_\_, to Feb 11 \_\_\_\_\_, 1932  
 I last saw her alive on Feb 11 \_\_\_\_\_, 1932 Death is said to have occurred on the date stated above, at 11:40 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Chronic Nephritis Date of onset 13<sup>1</sup> 13<sup>2</sup>  
 Other contributory causes of importance: Uremia  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? qual. exam. as 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) A. J. Phelps \_\_\_\_\_, M. D.  
 (Address) Hannibal Mo.

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.

1932 & 1933

