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.

APR 25 1932

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

Do not use this space.

7539

1. PLACE OF DEATH

12 County Butler — Registration District No. 89 — File No.

Township Poplar Bluff — Primary Registration District No. 3007 — Registered No. 55

City (No. , St. Ward)

2. FULL NAME Albert Henry Sisney

(a) Residence, No. Poplar Bluff Mo R2 (Victory Hill) (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: Male

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 Elgina Sisney (dec'd)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 11-1863

7. AGE: YEARS 68 — MONTHS 5 — DAYS 15 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labner 237

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) Oct 1931

11. Total time (years) spent in this occupation All Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline Co Ill 2

FATHER

13. NAME Temple Sisney 8

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 31

MOTHER

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Frank Sisney Poplar Bluff Mo R 2-Box 75

18. BURIAL, CREMATION, OR REMOVAL

PLACE Hamtown Cem DATE Mar 29 1932

19. UNDERTAKER (ADDRESS) N T Phelps Poplar Bluff Mo

20. FILED Mar 28 1932 B J Clemp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 27" 1932

22. I HEREBY CERTIFY, That I attended deceased from October 1931, to 3-26 1932

I last saw him alive on 3-26 1932 Death is said to have occurred on the date stated above, at 12:30 p m.

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

Chronic Myocarditis — Date of onset

Mitral Insufficiency

NA

BC

Other contributory causes of importance:

Name of operation — 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? NO

If so, specify

(Signed) [signature], M. D.

(Address) Poplar Bluff Mo