

MAY 25 1934

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

Do not use this space.

## 1. PLACE OF DEATH

County JacksonRegistration District No. 3Township EastPrimary Registration District No. 3City Kansas City(No. 4335 Bellevue)St. Mo. Ward

## 2. FULL NAME

Luther Allen Sisson(a) Residence, No. 4335 Bellevue St., Ward.

(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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Sadie M. Sisson</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 6. 18 83</u>				
7. AGE	YEARS <u>50</u>	MONTHS <u>5</u>	DAYS <u>17</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Mechanic</u>			
	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	
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Liberty Missouri</u>			
	13. NAME <u>Frank Sisson</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>			
	15. MAIDEN NAME <u>Sarah Roberts</u>			
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>			
	17. INFORMANT <u>Mrs. Sadie M. Sisson</u>			
	(ADDRESS) <u>4335 Bellevue ave.</u>			
18. BURIAL, CREMATION, OR REMOVAL				
PLACE <u>Maple Hill</u> DATE <u>4-25-34</u>				
19. UNDERTAKER <u>A. V. Lindsay &amp; Sons</u>				
(ADDRESS) <u>3811 Broadway</u>				
20. FILED <u>Apr 24 1934 M. M. Goble</u>				
Registrar.				

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 23, 193422. I HEREBY CERTIFY, that I attended deceased from Apr 21, 1934, to Apr 23, 1934I last saw him alive on Apr 23, 1934. Death is saidto have occurred on the date stated above, at 9:05 P.M.

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

About Apr. 18 Date of onsetDouble Ebola Pneumonia Apr 18

Other contributory causes of importance

Name of operation..... Date of.....

What test confirmed diagnosis? clinical 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) A. W. Davis, M. D.(Address) 602 Witham Bldg.

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.

WHITE FORMLET, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Dr. A. W. Davis