

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

Do not use this space.

1. PLACE OF DEATH

County Cass
Township I. & J.
City Clinton Mo (No. _____)

Registration District No. 154
Primary Registration District No. 5218

File No. 16043
Registered No. _____
St. _____ Ward _____

2. FULL NAME Alva W. Sigler

(a) Residence, No. Clinton Mo 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 _____				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 3, 1871</u>				
7. AGE	YEARS <u>62</u>	MONTHS <u>3</u>	DAYS <u>II</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>R.R. Blackman</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 _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iowa</u>				
FATHER	13. NAME <u>Alva W. Sigler</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iowa</u>			
MOTHER	15. MAIDEN NAME <u>Mary Wanda</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iowa</u>			
17. INFORMANT (ADDRESS) <u>Smith W. Sigler</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Clinton Mo</u> DATE <u>May 16, 1934</u>				
19. UNDERTAKER (ADDRESS) <u>J.H. Kaul</u>				
20. FILED <u>Jun 4 1934</u> <u>F. S. Wells</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 14, 1934, to May 14, 1934.
I last saw him alive on _____, 1934. 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:
94R
Cerebral Pectoris
This man was dead when I saw him
Other contributory causes of importance:
Out from symptoms given by Frank Greig -
Diagnosis of Angina Pectoris
Name of operation _____ Date of _____
Where tested _____ (Specify city or town, county, and State) _____

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) Frank W. Greig, M. D.
(Address) Clinton Mo

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.

MAY 19 1934

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