

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.

JUN 26 1934

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

Do not use this space.

17928

1. PLACE OF DEATH
96 County St. Louis Registration District No. 784
Township St. Ferdinand Primary Registration District No. 6030
City St. Louis (No. RR 14 Baden Sta) St. 108 Ward) (If nonresident, give city or town and State)

2. FULL NAME Daniel R. Bissell
(a) Residence, No. RR 14 Baden Station 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 4, 1850

7. AGE YEARS MONTHS DAY If LESS than 1 day, hrs. or min.
84 0 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
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) St. Louis County Mo

MOTHER FATHER 13. NAME James R. Bissell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Philadelphia Penn
15. MAIDEN NAME Anna C. Haught
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT James R. Bissell
(ADDRESS) 1216 + Washington St

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE May 19, 1934

19. UNDERTAKER Adrian P. Potts
(ADDRESS) 2707 N. Grand St

20. FILED May 18, 1934 W. G. Gentler
Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from August 28, 1928 to May 11, 1934.
I last saw him alive on May 11, 1934. Death is said to have occurred on the date stated above, at 11:45 a.m.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis Date of onset 1928
Genesio-dixis-sclerosis 1928
Gastric Ulcer. Chronic 1928
Other contributory causes of importance:
Senility-117a2
Name of operation Gastro-intestomy Date of 1928.
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) J. H. Zellung, M. D.
(Address) 8221 No Broadway

