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

Do not use this space.

19420

File No. .....

Registered No. 4

1. PLACE OF DEATH

County: Barton

Township: .....

City: Golden City (No. ..... St. ..... Ward)

Registration District No. 39

Primary Registration District No. 4023

2. FULL NAME: Edward D Sigler

(a) Residence, No. ..... 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: 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~~: Clara Sigler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 9, 1851

7. AGE: Years 83 | Months 6 | Days 6 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): McConnelville Ohio

FATHER

13. NAME: Leonard Sigler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Yorktown Penna

MOTHER

15. MAIDEN NAME: Sarah Craig

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

17. INFORMANT (ADDRESS): Mrs. J. L. Baker, Golden City Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: I.O.O.F. Cem. Golden City DATE: June 17, 1934

19. UNDERTAKER (ADDRESS): E. A. Phillips, Golden City Mo.

20. FILED: 6-17, 1934 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1934, to June 15, 1934

I last saw him alive on June 12, 1934. Death is said to have occurred on the date stated above, at 5:4 m.

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

	Date of onset
9.51	
Chronic myocarditis	

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? No ..... 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) Chas. R. Brown, M. D.

(Address) Golden City 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.

JUL 12 1934

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