

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.

JUN 23 1934

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

Do not use this space.

1. PLACE OF DEATH  
 59 County Livingston Registration District No. 505 File No. 21084  
 Township Chillicothe Primary Registration District No. 5674 Registered No. 87  
 City..... (No.....) St..... Ward.....

2. FULL NAME Henry W. Kissick  
 (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) Wid  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF #  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 12-1846  
 7. AGE YEARS 88 MONTHS 1 DAYS 25 If LESS than 1 day, .....hrs. or .....min.  
 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.....  
 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) Fleming Co Kentucky  
 FATHER 13. NAME Henry Kissick  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
 MOTHER 15. MAIDEN NAME Unknown  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
 17. INFORMANT Steve Kissick  
 (ADDRESS) Chillicothe Mo R 1  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Fadgwood DATE June 9 1934  
 19. UNDERTAKER F. B. Norman  
 (ADDRESS) Chillicothe Mo  
 20. FILED June 7 1934 Douglas M. Davell  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7 1934  
 22. I HEREBY CERTIFY, that I attended deceased from June 3 1934, to June 7 1934.  
 I last saw him alive on June 7 1934. Death is said to have occurred on the date stated above, at 1:20 p.m.  
 The principal cause of death and related causes of importance were as follows:  
acute dysentery  
(Dysentery)  
 Date of onset 13 C  
 Other contributory causes of importance: 13 C  
 Name of operation..... Date of.....  
 What test confirmed diagnosis? Specimen of 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) H. M. C. Roll, M. D.  
 (Address) Chillicothe, Mo.

