

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

Do not use this space.

25670

1. PLACE OF DEATH *New Madrid*
 County *New Madrid* Registration District No. *567*
 Township *St John* Primary Registration District No. *5803*
 City (No. _____) St. _____ Ward _____

2. FULL NAME *Bergman David Sitton*
 (a) Residence, No. _____ St. _____ 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. (If nonresident, give city or town and State)

File No. _____
 Registered No. *45*

AUG 27 1934

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>W</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>S.</i>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Single</i>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>May 21 - 1833</i>			
7. AGE	YEARS <i>1</i>	MONTHS <i>1</i>	DAYS <i>14</i>
			If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
	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) <i>East Prairie Mo</i>			
FATHER	13. NAME <i>Royce Sitton '9</i>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Windfield Tenn</i>		
MOTHER	15. MAIDEN NAME <i>Mary Golden</i>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Tenn</i>		
17. INFORMANT (ADDRESS) <i>Henry Golden East Prairie Mo</i>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Deceased</i> DATE <i>July 6 1934</i>			
19. UNDERTAKER (ADDRESS) <i>Private East Prairie Mo</i>			
20. FILED <i>July 6 1934</i> <i>Cliff M. Hodges</i> Registrar.			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 5 1934*

22. I HEREBY CERTIFY That I attended deceased from *July 3 1934* to *July 5 1934*
 I last saw him alive on *July 5 1934* Death is said to have occurred on the date stated above, at *1:40 P. m.*
 The principal cause of death and related causes of importance were as follows:
Dysentery Date of onset *July 1 1934*
135
130

Other contributory causes of importance:

Name of operation _____ Date of _____
 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 *George W. Whitaker M. D.*
 (Signed) _____ (Address) *East Prairie Mo*

WRITE PLAINLY, WITH OUTFRAMES INK THIS IS A

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.

