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.

FEB 20 1935

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

Do not use this space.

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1. PLACE OF DEATH
County Buchanan
Township
City St. Joseph (No. Missouri Methodist Hospital St. Ward)

Registration District No. 85
Primary Registration District No. 1001

File No.
Registered No. 27

2. FULL NAME Mary E. Sisco
(a) Residence, No. 317 Indiana 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: Female
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: Wayne Sisco

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 17, 1908

7. AGE: Years 26 | Months 10 | Days 19 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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): St. Joseph Missouri

FATHER
13. NAME: J. E. Tracy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Illinois

MOTHER
15. MAIDEN NAME: Martha J. Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Missouri

17. INFORMANT (ADDRESS): J. E. Tracy St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mount Auburn Cem. DATE Jan. 8, 1935

19. UNDERTAKER (ADDRESS): Clark Mortuary 5025 King Hill Av.

20. FILED 1-7-, 1935 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 6, 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1935, to Jan 6, 1935
I last saw her alive on Jan 6, 1935 Death is said to have occurred on the date stated above, at 9 PM m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bichloride of Mercury Poisoning	Dec 24/35

Other contributory causes of importance:

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Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide 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) Clarence A Good, M. D.
(Address) St Joseph Mo

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