

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

Do not use this space.

FEB 25 1935

889

1. PLACE OF DEATH

County Greene Registration District No. 318 File No. _____
 Township _____ Primary Registration District No. 2001 Registered No. 6
 City Springfield (No. St. John's Hospital St. Ward)

2. FULL NAME

Francis Earl Sites
 (a) Residence No. 1021 E. Comel 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 single
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 13 - 1914

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
20 | 5 | 21

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Baker
 (b) General nature of industry, business, or establishment in which employed (or employer) Kettig Baking Co.
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Laclede Co. Mo.
 (STATE OR COUNTRY)

10. NAME OF FATHER Wm H. Sites

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ind.

12. MAIDEN NAME OF MOTHER Bertha Mansfield

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) unknown

14. INFORMANT Mrs. Wayne Beel
 (Address) 1021 E. Comel

15. FILED 1-5-35 R. W. Langston REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 4 1935

17. I HEREBY CERTIFY, That I attended deceased from Jan 2 1935, to Jan 4 1935 that I last saw h. in alive on Jan 4 1935, and that death occurred, on the date stated above, at 5:30 p.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Lobar Pneumonia

(duration) yrs. mos. ds. 3

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? No. DATE OF.....

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? None

(Signed) Wm H. Sites, M. D.

, 19 (Address) Springfield Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Lebanon, Mo. DATE OF BURIAL 1-6-1935

20. UNDERTAKER W. E. Halman ADDRESS Lebanon 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.

