

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

Do not use this space.

APR 8 1935

4575

1. PLACE OF DEATH

County Cullaway
Township Cedar
City _____ (No. _____)

Registration District No. 109
Primary Registration District No. 5-15-8

File No. _____
Registered No. 362
St. _____ Ward _____

2. FULL NAME

Andrew Luther Siker

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 23 1935

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

22. I HEREBY CERTIFY, That I attended deceased from Feb 17 1935, to Feb 23 1935

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 5 - 1842

I last saw him alive on Feb 17 1935. Death is said

7. AGE YEARS 93 MONTHS 0 DAYS 18 IF LESS than 1 day, _____ hrs. or _____ min.

to have occurred on the date stated above, at 24 m.

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Trainer
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) Jan 14 26
11. Total time (years) spent in this occupation 60

Valvular Heart Disease Date of onset Unknown

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

13. NAME Unknown

Name of operation Tomy Date of _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

What test confirmed diagnosis? Autops Was there an autopsy? Yes

15. MAIDEN NAME Unknown

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Mr Virginia Trach (ADDRESS) New York Mo

Manner of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Houstonia Mo DATE 2/24 1935

Nature of injury _____

19. UNDERTAKER Mr C. Heathcock (ADDRESS) Houstonia Mo

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify _____

20. FILED 3/10 1935 Charles Bush Registrar.

(Signed) A. M. D. Bush M. D.

(Address) New York 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.

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