

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.

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

Do not use this space.

4814

MAR 21 1935

1. PLACE OF DEATH

County Crawford Registration District No. 229  
Township Boothe Primary Registration District No. 5211  
City (No. ) St. Ward

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

2. FULL NAME

William Seymour Sites

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Clara Allan</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>4-26-1858</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>76</u>	<u>9</u>	<u>31</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer.</u>			
	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) <u>1934</u>		11. Total time (years) spent in this occupation	
	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>West Virginia</u>			
FATHER	13. NAME <u>Crook Sites</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>not known</u>			
MOTHER	15. MAIDEN NAME <u>Douglas Sites</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>not known</u>			
17. INFORMANT <u>Wesley Sites</u> (ADDRESS) <u>Mountain view</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Rock County, West Va.</u> DATE <u>Feb 18 1935</u>				
19. UNDERTAKER <u>Thos P. Drapper</u> (ADDRESS) <u>Sullivan</u>				
20. FILED <u>Feb 18, 1935</u> <u>C.W. Adams</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 17, 1935

22. I HEREBY CERTIFY That I attended deceased from Feb 1, 1935, to Feb 17, 1935  
I last saw him alive on July 15, 1935. Death is said to have occurred on the date stated above, at 12:15 Am.  
The principal cause of death and related causes of importance were as follows:  
Endocarditis, Chronic Date of onset Not known

Other contributory cause of importance None

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Chemical 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) E. D. Hume, M. D.  
(Address) Boothe, Mo.

SECRET