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.

MAR 20 1936

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

Do not use this space.

1860

1. PLACE OF DEATH

County Johnson — Registration District No. 430 — File No.

Township Post Oak — Primary Registration District No. 5586 — Registered No.

City ~~Chilhowee~~ (No. , St. Ward)

2. FULL NAME Robert Lee Sivils

(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 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan-2-1864

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
72	---	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) Warrensburg Mo

FATHER

13. NAME Taylor Sivils

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

MOTHER

15. MAIDEN NAME Mary Blevins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT (ADDRESS) Jennie Sivils Chilhowee, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lee's Summit Mo DATE Jan-5 1936

19. UNDERTAKER (ADDRESS) O. L. Cook, Chilhowee, Mo.

20. FILED Jan 5 1936 O. B. Koons Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jany 3 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1935, to Jan 3 1936

I last saw him alive on Jan 1 1936. Death is said to have occurred on the date stated above, at 7 a m.

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

Endocarditis (Chronic — Date of onset unknown

Other contributory causes of importance

Name of operation No — Date of

What test confirmed diagnosis? — 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?

If so, specify

(Signed) [signature], M. D.

(Address) Leeton Mo