MAY 20 1936

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

Do not use this space.

5291-2

File No.
Registered No.

1. PLACE OF DEATH

County: Douglas
Registration District No.: 280
Township: McOsmurtery
Primary Registration District No.: 3
City (No. St. Ward)

2. FULL NAME Andrew Jackson Sisco

(a) Residence, No. (Usual place of abode): Coldspring Mo. Ward.
(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 (*write the word*): widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1887 (approx)

7. AGE: YEARS 49 MONTHS DAYS — If LESS than 1 day hrs. or min.
Exact date unknown

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): Mo

FATHER

13. NAME: James Sisco
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

MOTHER

15. MAIDEN NAME: unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): X X

17. INFORMANT (ADDRESS): Lester Sisco Coldspring Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Coldspring cemetery DATE: Feb 22 1936

19. UNDERTAKER (ADDRESS): Noble

20. FILED: May 1 0 1936 Jayle E. Roy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1936, to Feb 21, 1936
I last saw h alive on Feb 21, 1936. Death is said to have occurred on the date stated above, at 3 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
110	

Other contributory causes of importance:

Flu

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy?

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) L. L. Hamm, M. D.
(Address) Noble 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.