

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 18 1936

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

Do not use this space.

5333

1. PLACE OF DEATH

County Dunklin  
Township Sabor  
City..... (No..... St..... Ward.....)

Registration District No. 290  
Primary Registration District No. 5408

File No.....  
Registered No. 6  
St..... Ward.....

2. FULL NAME

Ronald Lee Sigars

(a) Residence, No..... St..... Ward.....  
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 31, 1934

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 1 1 20

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X

10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Smith Mo

13. NAME Richard Sigars

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chaffin Mo

15. MAIDEN NAME Prue Curran

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dunklin County Mo

17. INFORMANT Richard Sigars (ADDRESS) Smith Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Smith Mo DATE Feb 6 1936

19. UNDERTAKER Mrs. M. J. ... (ADDRESS) Smith Mo

20. FILED 3/19 1936 A. D. McFarland Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEB 13 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-5 1936, to 2-13 1936

I last saw him alive on 2-12 1936 Death is said to have occurred on the date stated above, at 2:15 P.M.

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

Spasmodic Croup following acute bacterial attack

Other contributory causes of importance:

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) Robert E. Martin, M. D.

(Address) Smith Mo

