

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.

SEP 18 1936

## 1. PLACE OF DEATH

County Buchanan, Registration District No. 85  
Township..... Primary Registration District No. 1001  
City St. Joseph, (No. Missouri Methodist Hospital, St. Ward)

File No. 29993  
Registered No. 1098

2. FULL NAME Martha Lou Sigrist,

(a) Residence, No. .... St. Ward. Helena, Mo.  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25, 1930

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
6 0 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child  
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) Helena,  
(STATE OR COUNTRY) Missouri

13. NAME Ray Sigrist,

14. BIRTHPLACE (CITY OR TOWN) Rochester,  
(STATE OR COUNTRY) Missouri,

15. MAIDEN NAME Pearl Gnuschke

16. BIRTHPLACE (CITY OR TOWN) Helena,  
(STATE OR COUNTRY) Missouri,

17. INFORMANT Ray Sigrist  
(ADDRESS) Helena, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rochester, Mo. DATE August 24, 36

19. UNDERTAKER Theaton-Bitelo-Burman  
(ADDRESS) 319 So. 10th, St. Joseph, Mo.

20. FILED Aug 24, 1936 H. Wetzel  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from August 24, 1936, to August 22, 1936.  
I last saw her alive on August 22, 1936. Death is said to have occurred on the date stated above, at 12:15 p. m.

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

Dehydration and Acidosis  
+ vomiting Date of onset 8-20-36

Other contributory causes of importance:

Tanilloidomy, excessive heat 8-20-36

Name of operation..... 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? No

If so, specify.....

(Signed) John H. S. S. S., M. D.(Address) 207 1/2 E. 1st St. St. Joseph, Mo.

