

OCT 21 1936

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

Do not use this space.

35412

1. PLACE OF DEATH

County St. Francois  
Township St. Francois  
Near ~~Farmington, Mo.~~  
City \_\_\_\_\_ (No. \_\_\_\_\_, \_\_\_\_\_ St. \_\_\_\_\_ Ward)

Registration District No. 773  
Primary Registration District No. 6018A

File No. \_\_\_\_\_  
Registered No. 169

2. FULL NAME Senia V. Sitzes

(a) Residence, No. Marquand, Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 5, 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
54 5 12

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

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) Marquand Missouri

13. NAME William Riley Brown

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

15. MAIDEN NAME Eliza Jane Winfrey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT Hospital Records (ADDRESS) Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rhodes Chapel DATE 9-19-36

19. UNDERTAKER Honnan and Co. (ADDRESS) Marquand, Mo.

20. FILED Sept 18, 1936 W. J. Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 17, 19 36

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1936 to September 17, 1936  
First saw him alive on September 17, 1936. Death is said to have occurred on the date stated above, at 12:00 P.M.

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

Arteriosclerosis, generalized & marked  
Cerebral Hemorrhage

Date of onset ?

9/16/36

Other contributory causes of importance:

Chronic Myocarditis  
Brachypleumonias

?  
9/16/36

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? Ch. anal Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicidal? \_\_\_\_\_ 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) C. C. Aubt, M. D.  
Farmington, Mo.

(Address) \_\_\_\_\_

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.

