

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.

NOV 22 1936

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

Do not use this space.

1. PLACE OF DEATH

County Christian Registration District No. 186
 Township W. Benton Primary Registration District No. 6760
 City Reynolds, R. 20, No. 3

File No. 37077
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mabelyth Jean Kisse</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 20, 1893</u>		
7. AGE	YEARS <u>43</u>	MONTHS <u>7</u>
	DAYS <u>22</u>	IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation.
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>Farmer</u>
	10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (CITY OR TOWN) Gene Sparta, Mo.
 (STATE OR COUNTRY)

MOTHER FATHER
 13. NAME Sylvanus Kisse
 14. BIRTHPLACE (CITY OR TOWN) Virginia
 (STATE OR COUNTRY)

MOTHER FATHER
 15. MAIDEN NAME Mary Brown
 16. BIRTHPLACE (CITY OR TOWN) Indiana
 (STATE OR COUNTRY)

17. INFORMANT Sam Mages
 (ADDRESS) Reynolds, Mo., R. 20

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Gene Sparta, Mo. DATE Oct. 13, 1936

19. UNDERTAKER B. C. Kasper
 (ADDRESS) Gene Sparta, Mo.

20. FILED Oct. 12, 1936 Josephine Merritt
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
 I last saw him _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 12:30 P.M.
 The principal cause of death and related causes of importance were as follows:

Symptoms of Pneumonia
Termin. Bad Circulation
He had been called to attend him
 Date of onset _____

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? Examination of fluid 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) T. B. Chaffin Coroner

(Address) Gene Sparta, Mo.

