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.

DEC 18 1936

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

Do not use this space.

41106

File No.
Registered No. 73

1. PLACE OF DEATH

County Iron
Township Arcadia
City Ironton (No. , St. Ward)

Registration District No. 391
Primary Registration District No. 4230

2. FULL NAME Riley Sickels

(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: male
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) Aug. 26 - 1857

7. AGE Years	Months	Days	If LESS than 1 day, hours. or min.
79	2 Months	10 Days	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. barber
10. Date deceased last worked at this occupation (month and year) 1902
11. Total time (years) spent in this occupation 23 yrs

12. BIRTHPLACE (CITY OR TOWN) Near Bowling Green
(STATE OR COUNTRY) Mo

FATHER

13. NAME Riley Sickels
14. BIRTHPLACE (CITY OR TOWN) Near Bowling Green Mo
(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Sarah Jennings
16. BIRTHPLACE (CITY OR TOWN) Bowling Green Mo
(STATE OR COUNTRY)

17. INFORMANT T. E. Bell
(ADDRESS) Ironton Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ironton Mo. DATE Nov. 8, 1936

19. UNDERTAKER White & Son
(ADDRESS) Ironton Mo.

20. FILED Nov 13, 1936 R. Rauche
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 6 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 5, 1936, to Nov 6, 1936
I last saw him alive on Nov 5, 1936. Death is said to have occurred on the date stated above, at 2.00 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Central Hemorrhage	11/5/36

Other contributory causes of importance:

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) G. O. Anson M. D.
(Address) Ironton, Mo