

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

Do not use this space.

520

FEB 16 1937

1. PLACE OF DEATH

County Cass
Township Garden
City Garden City (No. 1)

Registration District No. 154
Primary Registration District No. 4088

File No.
Registered No.
St. Ward)

2. FULL NAME Albert Wilson Sisk

(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 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) 7-14-1915

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
<u>21</u>	<u>6</u>	<u>7</u>	<u>7</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Chauffeur-farmer
(b) General nature of industry, business, or establishment in which employed (or employer) ..
(c) Name of employer ..

9. BIRTHPLACE (CITY OR TOWN) Garden City, Missouri
(STATE OR COUNTRY)

10. NAME OF FATHER John D. Sisk

11. BIRTHPLACE OF FATHER (CITY OR TOWN) North Carolina
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mae White

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Indiana
(STATE OR COUNTRY)

14. INFORMANT Mrs. Mae Sisk
(Address) Garden City, Missouri

15. FILED Jan 22 1937 Geo W. Sisk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan - 21 1937

17. I HEREBY CERTIFY, That I attended deceased from Nov - 25 - 1936, to Jan - 21 - 1937 that I last saw him alive on Jan - 19 - 1937, and that death occurred, on the date stated above, at 3 A.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Typhemia acute

CONTRIBUTORY (SECONDARY) ..
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED ..
IF NOT AT PLACE OF DEATH ..

DID AN OPERATION PRECEDE DEATH .. DATE OF ..

WHAT TEST CONFIRMED DIAGNOSIS Chrom. type special

(Signed) F. B. Gell, M. D.
, 19 (Address) Garden City, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Garden City Cemetery DATE OF BURIAL Jan. 22 1937

20. UNDERTAKER J. M. Kauffman ADDRESS Garden City, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

