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.

JAN 22 193 JAN 22 1937

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

Do not use this space.

1. PLACE OF DEATH
County Lincoln — Registration District No. 494 — File No. 2071
Township Ninevah — Primary Registration District No. 5658 — Registered No.
City ..... (No. ....., 2 ..... St. ..... Ward)

2. FULL NAME Charles Sitton

(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): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Estella F. Sitton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 10, 1876

7. AGE: Years 60 — Months 9 — Days 27 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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): Lincoln Co. Mo.

FATHER
13. NAME: William Sitton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lincoln Co, Mo.

MOTHER
15. MAIDEN NAME: Susie Munn
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lincoln Co. Mo.

17. INFORMANT (ADDRESS): G. C. Williams, Curso, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: New Liberty Cemetry, Curso, Mo. DATE: Jan. 10, 1937

19. UNDERTAKER (ADDRESS): [illegible], Silex, Mo.

20. FILED 1/19/37 19 Dr. D. G. Hazzard Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5/1, 1936, to 1/7, 1937
I last saw him alive on 1/3, 1937. Death is said to have occurred on the date stated above, at 8 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Mitral insufficiency	Nor Known

Other contributory causes of importance: Rheumatic heart disease (Chronic)

Name of operation None — Date of
What test confirmed diagnosis? Electro Cardiograph — 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) Eugene Boorgmore, M. D.
(Address) Bowling Green, Mo