APR 16 1937

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

Do not use this space.

11523

1. PLACE OF DEATH

County: Cass — Registration District No.: 154 — File No.: 11523

Township: Inlet — Primary Registration District No.: 40-88 — Registered No.:

City: (No. 5218 St. Ward)

2. FULL NAME Iva Ellen ~~[illegible]~~ Sisk

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
F	W	Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 3, 1937

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
		1	3	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cass County

PARENTS

10. NAME OF FATHER: Ivan Sisk

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Cass County Mo

12. MAIDEN NAME OF MOTHER: Lucy Surber

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Cass Co Mo

14. INFORMANT: Ivan Sisk
(Address): Creighton Mo

15. Mar 6 1937. Geo W Griffith
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mch-6- 1937

17. I HEREBY CERTIFY, That I attended deceased from Feb 28 4, 1937, to Mch-6, 1937 that I last saw h. ... alive on Mch-6, 1937, and that death occurred, on the date stated above, at 1 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Erysipelas

15 (duration) yrs. mos. 6 ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Cit & Physical Findings

(Signed) F B Ellen, 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 Mo — DATE OF BURIAL: Mch-6 1937

20. UNDERTAKER: Family friend Infant — 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.