APR 23 1937

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

Do not use this space.

12942

1. PLACE OF DEATH
County Pettis — Registration District No. 668 — File No. 75
Township — Primary Registration District No. 3032 — Registered No. 668
City Sedalia — No. 312 E 3 — St. — Ward)

2. FULL NAME Lucy Siler
(a) Residence, No. 312 E 3 St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George L. Siler
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 14 - 1864
7. AGE YEARS 72 MONTHS 2 DAYS 21 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) Beaman Mo

FATHER
13. NAME Michael Cagney
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME Sweeney
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Maude G McFadden 410 E 4 Sedalia
18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE 3/8/37 19
19. UNDERTAKER (ADDRESS) McLaughlin Bros Sedalia
20. FILED Mar 8 1937 Frank Slack Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 5 - 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 5, 1936, to March 5, 1937
I last saw her alive on Mar. 3 1937 Death is said to have occurred on the date stated above, at 12:20 a m.
The principal cause of death and related causes of importance were as follows:
Carcinoma hepatic colon — Date of onset: [illegible]
Other contributory causes of importance: arteriosclerosis & chronic myo-carditi — Do not know
Name of operation none — Date of
What test confirmed diagnosis? None — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No — 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 none
(Signed) Chas [illegible] M. D.
(Address) Sedalia Mo

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.