

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.

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

Do not use this space.

**JUN 28 1937**

**1. PLACE OF DEATH**  
 13 County St. Clair Registration District No. 761005 File No. 21177  
 Township Appleton Primary Registration District No. 436 Registered No. \_\_\_\_\_  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ (Ward \_\_\_\_\_)

**2. FULL NAME** Sibley Marian Lasater  
 (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William Lasater</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 11-1859</u>		
7. AGE	YEARS <u>87</u>	MONTHS <u>4</u>
		DAYS <u>20</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeping</u>	
	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) <u>MO</u>		
FATHER	13. NAME <u>Unknown, Estes</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT <u>Mrs. Phoe Bishop</u>		
(ADDRESS) <u>Appleton City, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACED <u>Leon Hall</u> DATE <u>June 3</u> 19 <u>37</u>		
19. UNDERTAKER <u>Frank Lee</u>		
(ADDRESS) <u>Appleton City, Mo</u>		
20. FILED <u>June 16</u> 19 <u>37</u> <u>A. H. Kenney</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY-31 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1 1934 to May 31 1937  
 I last saw her alive on May 25 1937. Death is said to have occurred on the date stated above, at 8 P. M.  
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis  
Cerebral Hemorrhage  
Hypertension

Other contributory causes of importance: \_\_\_\_\_  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) A. H. Kenney, M. D.  
 (Address) Appleton City, Mo

