

JUL 26 1937

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

Do not use this space.

23045

1. PLACE OF DEATH

County Adair
Township Morgan
City Stahl, Mo. (No. _____) (St. _____) (Ward _____)

Registration District No. 1039
Primary Registration District No. 5010

File No. 3
Registered No. _____

2. FULL NAME John Edward Sizemore

(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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1937, to July 1, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 1, 1866

I last saw him alive on June 10, 1937. Death is said to have occurred on the date stated above, at 1:50 p.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 70 8 0

The principal cause of death and related causes of importance were as follows:

Infectious erysipelas Date of onset Jan 31

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 _____

Other contributory causes of importance: Age

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

13. NAME Gaston Sizemore

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.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Sarah Wagoner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. J. E. Sizemore (ADDRESS) Stahl, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Morelock DATE July, 2, 1937

Manner of injury _____
Nature of injury _____

19. UNDERTAKER Glenn E. Kent (ADDRESS) Green City, Missouri

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____ (Signed) J. S. Gaskin, M. D.

20. FILED July 7, 1937 Mrs. Jake Morelock Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Adair
Township Marrow
City..... (No..... St..... Ward)

Registration District No. 1039
Primary Registration District No. 5010

File No. 23045-
Registered No. 3

2. FULL NAME

John Edward Sizemore

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

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>70</u>	<u>8</u>	<u>0</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19.....

19. UNDERTAKER (ADDRESS)

20. FILED July 7 1937 Mrs. J. K. Mordak Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1 1937

22. I HEREBY CERTIFY, that I attended deceased from to 19.....

I last saw h..... alive 19..... Death is said to have occurred on the day stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

Typhus Empyema Date of onset

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? Accident Date of injury Jan 1937
Where did injury occur? On his farm in an ice
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

On his own farm
Manner of injury Fall on ice
Nature of injury Crack several ribs

24. Was disease or injury in any way related to occupation of deceased?

If so, specify J. S. Gashwiler M. D.
(Signed) Novinger Mo
(Address)

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-23045