

JUL 28 1937

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

Do not use this space.

23601

1. PLACE OF DEATH

County Dent Registration District No. 266
Township Watson Primary Registration District No. 5378
City (No. St. Ward)

File No. _____
Registered No. 46

2. FULL NAME

William Henry Sisk

(a) Residence, No. Lake Spring, Mo. St. _____ Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 7 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 married |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) <u>Frances Velocia Sisk</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 21 - 1876</u> | | |
| 7. AGE 60 | YEARS | MONTHS |
| | 7 | 1 |
| | | DAYS |
| | | 1 |
| | | If LESS than 1 day, _____ hrs. or _____ min. |

| | |
|------------|--|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. F armer |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen Farming |
| | 10. Date deceased last worked at this occupation (month and year) <u>6/27/37</u> |
| | 11. Total time (years) spent in this occupation <u>8 yrs</u> |

12. BIRTHPLACE (CITY OR TOWN) Near Little Rock
(STATE OR COUNTRY) ARK

13. NAME Joseph Sisk

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

15. MAIDEN NAME Mary Wood

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

17. INFORMANT Mar Henry Sisk
(ADDRESS) Lake Spring, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunnyvale Cem. DATE 6/25/37

19. UNDERTAKER C. Beer
(ADDRESS) Salkow, Mo.

20. FILED June 25 1937 F. E. Butler M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 22 1937

22. I HEREBY CERTIFY, That I attended deceased from once only, 19 Feb 24, 19 37

I last saw him alive on Feb 24, 19 37. Death is said to have occurred on the date stated above, at 2 p.m.

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

Myocarditis

Date of onset

Other contributors causes of importance: arterio-sclerosis

Name of operation none Date of _____
What test confirmed diagnosis? Chemical 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) F. E. Butler, M. D.
(Address) Lake Spring, 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.

