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.

OCT 21 1937

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

Do not use this space.

1. PLACE OF DEATH

County: Linn — Registration District No. 501 — File No. 34659

Township: Locust Creek — Primary Registration District No. 5666 — Registered No.

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Lorenzo Dow Sights

(a) Residence, No. ..... 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 28, 1860

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
77	2	7	

OCCUPATION

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) 8/31/1937

11. Total time (years) spent in this occupation

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

FATHER

13. NAME Robert Sights

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

MOTHER

15. MAIDEN NAME Martha Pendleton

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

17. INFORMANT (ADDRESS) Robert Sights Linneus, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE City Cemetery DATE 9/7/1937, 19

19. UNDERTAKER (ADDRESS) Thorne Undertaking Co. Linneus, Missouri

20. FILED 10-8 1937 J. W. Webb Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/5/1937, 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 2, 1937, to Sept 5, 1937.
I last saw him alive on Sept 5, 1937. Death is said to have occurred on the date stated above, at 1 a.m.
The principal cause of death and related causes of importance were as follows:

Uremia

131

5-2-37

Other contributory causes of importance:
Chronic nephritis
Hypertrophied prostate

Name of operation ..... Date of .....
What test confirmed diagnosis? Urinal 1/32 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) J. R. Dixon, M. D.
(Address) Linneus, Mo.