

OCT 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County Stoddard Registration District No. 834
Township New Lisbon Primary Registration District No. 6103
City Advance Mo. (No. R.F.D. #1) St. _____ Ward _____

File No. 35469

Registered No. 30

2. FULL NAME

(a) Residence, No. Advance Mo. R.F.D. #1 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>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3-16-1893</u>		
7. AGE	YEARS <u>44</u>	MONTHS <u>5</u>
	DAYS <u>24</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>Farmer</u>	11. Total time (years) spent in this occupation <u>Life</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)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	13. NAME <u>Cal Sestl</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
FATHER	15. MAIDEN NAME <u>Fannie Leggett</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Colmer Markham</u> <u>Glendora, Missouri</u>	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Base Hill Cemetery</u> DATE <u>Sept 11, 1937</u>	
19. UNDERTAKER (ADDRESS) <u>Louis J. Morgan</u> <u>Advance Mo.</u>	20. FILED <u>10-8</u> 19 <u>37</u> <u>D S Mc Kee</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 4, 1937, to Sept 6, 1937
I last saw him alive on 6th Sep, 1937. Death is said to have occurred on the date stated above, at 12 P.M.
The principal cause of death and related causes of importance were as follows:
Acute Indocarditis
Date of onset _____

Other contributory causes of importance:
None

Name of operation none Date of _____
What test confirmed diagnosis? Clinical 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.M. Isidoreman, M. D.
(Address) Advance 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.

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