

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

Do not use this space.

27

1. PLACE OF DEATH
 52 County Franklin Registration District No. 443 File No. 3214
 Township Lyon Primary Registration District No. 5601B Registered No. _____
 City Hurdland (No. _____) St. _____ Ward _____

2. FULL NAME Laverna Sissel 240
 (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 ♀ 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 6, 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 2 2

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

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) Franklin Co Mo 6

MOTHER FATHER 13. NAME John P. Campbell 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OK 9

15. MAIDEN NAME Elizabeth Beck

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

17. INFORMANT D. A. Sissel
 (ADDRESS) Hurdland Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE O. O. S. Cemetery Hurdland Mo DATE Feb 10 1938

19. UNDERTAKER (ADDRESS) Geo. B. Casley Jr Mrs Hurdland Mo

20. FILED Feb 10 1938 Geo. B. Casley Jr Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 8 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 6 1938, to Feb 8 1938.
 I last saw h. e. alive on Feb 8 1938 Death is said to have occurred on the date stated above, at 7:40 P.M.
 The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis
 Date of onset _____

Other contributory causes of importance:
Angina pectoris

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) H. G. Schuetz M.D.
Geo. B. Casley Jr Registrar. (Address) Hurdland 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.

RECEIVED

FEB 25 1938

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MO. STATE BOARD OF HEALTH