REC'D APR 22 1938

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

Do not use this space.

11648

1. PLACE OF DEATH
County Oregon
Township Goble
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 636
Primary Registration District No. 5841

File No. .....
Registered No. 8

75

2. FULL NAME James C. Sisco 260

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 14 - 1928

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
9	10	25	

OCCUPATION

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

FATHER

13. NAME Eliza L. Sisco
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ino

MOTHER

15. MAIDEN NAME Recta J. Shipman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ino

17. INFORMANT (ADDRESS) Eliza Sisco Alton R. 2

18. BURIAL, CREMATION, OR REMOVAL
PLACE Baily Gov. Yd. DATE Mach 12 1938

19. UNDERTAKER (ADDRESS) Neighbor

20. FILED 3/22 1938 Ernest Bailey Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mach. 11 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 12 1938, to Mach. 10, 1938
I last saw him alive on Feb. 28, 1938 Death is said to have occurred on the date stated above, at 11 30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Measles	2/10/38

Other contributory causes of importance:
Bronchopneumonia

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? .....
If so, specify .....
(Signed) [illegible], M. D.
566 (Address) Alton Ino

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.