

REC'D JUN 22 1938

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

Do not use this space.

1. PLACE OF DEATH

County

Township

City

Registration District No.

Primary Registration District No.

(No.

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <i>M. W. Farmer</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>July 23rd 1855</i>		
7. AGE	YEARS <i>82</i>	MONTHS <i>9</i>
	DAYS <i>28</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housewife</i>	
	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) <i>Lincoln Co. Mo.</i>		
FATHER	13. NAME <i>J. Winston Sittors</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Fenn, Ky.</i>	
MOTHER	15. MAIDEN NAME <i>Polly Buckner</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ky.</i>	
17. INFORMANT (ADDRESS) <i>Blanche Farmer, Osberry, Mo.</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>St. Lucy Cem. May 23, 1938</i>		
19. UNDERTAKER (ADDRESS) <i>W. W. Bradley, Osberry, Mo.</i>		
20. FILED <i>6-10-38</i> - <i>C. G. Powell</i> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <i>May-21-1938</i>
22. I HEREBY CERTIFY, That I attended deceased from <i>May-1-</i> 1938, to <i>May-21-</i> 1938 I last saw her alive on <i>May-21-</i> 1938. Death is said to have occurred on the date stated above, at <i>5 P.</i> m. The principal cause of death and related causes of importance were as follows: <i>Rupture, bile duct, due to impacted gall stones and no. 50 stone operation done -</i> Other contributory causes of importance: <i>Microscopic examination of gall stones</i>
Name of operation What test confirmed diagnosis? <i>Microscopic examination of gall stones</i> Date of <i>120</i> Was there an autopsy? <i>No</i>
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? <i>No</i> If so, specify (Signed) <i>P. V. Feenick</i> , M. D. <i>St. Lucy Cem. Osberry, Mo.</i> (Address)

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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Handwritten text, possibly a signature or name, located on the right side of the page.