

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

Do not use this space.

12190

1. PLACE OF DEATH

County Reynolds
Township Logan
City 2nd (No. _____) _____

Registration District No. 748
Primary Registration District No. 5982

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Daniel D. Sisco St. _____ Ward _____
(Usual place of abode) Ellington, Mo.

Length of residence in city or town where death occurred 7 yrs. 1 mos. 4 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 16, 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
90 6 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. farmer
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) unknown 1
(STATE OR COUNTRY) state of Ohio

FATHER 13. NAME Harrace Sisco

14. BIRTHPLACE (CITY OR TOWN) unknown 1
(STATE OR COUNTRY) state of Ohio

MOTHER 15. MAIDEN NAME Cross

16. BIRTHPLACE (CITY OR TOWN) unknown 1
(STATE OR COUNTRY) state Ohio

17. INFORMANT Oscar A. Sisco
(ADDRESS) Ellington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Hill DATE Feb. 26, 1940

19. UNDERTAKER W. ECKEL FUNERAL SERVICE
(ADDRESS) IRONTON, MO.

20. FILED Mar 15, 19 Rosie Evans
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 24, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1940 to Feb. 24, 1940

I last saw him alive on Feb. 23, 1940 Death is said to have occurred on the date stated above, at 10:20 a.m.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia

Influenza

Other contributory causes of importance: 110

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) [Signature], M. D.

671 (Address) [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.

RECEIVED

District Health Officer No. 5,

District File Number 440 428

Date Filed 4/1/40