

FEB 25 1941

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

Do not use this space.

3658

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1. PLACE OF DEATH
County Oregon Registration District No. 636
Township Galle Primary Registration District No. 5941
City _____ (No. _____) St. 75 Ward 0

2. FULL NAME Glena Kathleen Sises
(a) Residence, No. Altamont St. 0 Ward 0
(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) Comfort 0

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 6 - 1940

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
		<u>1</u>	<u>29</u>	

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

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) Irish 0

FATHER 13. NAME Boon Sises

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Altamont Oregon 0

MOTHER 15. MAIDEN NAME Wink

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Altamont 0

17. INFORMANT Father

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bailey DATE 12/29 1940

19. UNDERTAKER neighbors

20. FILED 1/27 1941 Enoch Bailey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 4 1941

22. I HEREBY CERTIFY, That I attended deceased from Dec. 26 1940 to Dec. 24 1940
I last saw her alive on Dec. 25 1940. Death is said to have occurred on the date stated above, at 10 A.M.
The principal cause of death and related causes of importance were as follows:

Pneumonia

Date of onset 12/16/40

Other contributory causes of importance: Pneumonia

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) Enoch Bailey M. D.
(Address) Altamont

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 241165

Date Filed _____

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