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.

MAY 28 1932

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

Do not use this space.

13664

1. PLACE OF DEATH
92 County St Charles — Registration District No. 757
4 Township — Primary Registration District No. 3036
8 City St Charles (No. 329, Channey St. Ward)

File No.
Registered No. 58

2. FULL NAME Loyd John Sitton

(a) Residence, No. 329 Channey 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 30 - 1931

7. AGE: YEARS 1 — MONTHS 2 — DAYS 6 — If LESS than 1 day, ...hrs. or ....min.

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) St Charles Mo

FATHER
13. NAME Forrest S. Sitton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ethlyn Mo

MOTHER
15. MAIDEN NAME Dorothy Bell Maxey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Portland Mo

17. INFORMANT (ADDRESS) Forrest S Sitton 329 Channey St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove DATE April 8 1932

19. UNDERTAKER (ADDRESS) H C Dallmeyer & Sons 60 800 N 2nd St. St Charles Mo

20. FILED 4/8 1932 Hy G. Bloebaum Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 27, 1932, to April 6, 1932
I last saw him alive on April 6, 1932 Death is said to have occurred on the date stated above, at 1:42 P. m.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset

108 108 (1)

Other contributory causes of importance:

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.
(Address) St Charles Mo