

MAR 16 1936

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

Do not use this space.

4560

## 1. PLACE OF DEATH

County

Boone

Registration District No.

73

Township

Columbia

Primary Registration District No.

3006

City

(No. ....)

St. ....

Ward) .....

## 2. FULL NAME

Mrs. Mary Susan Sypart

(a) Residence, No.

1601 E. Brady 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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR  
DIVORCED (write the word)

Widowed

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

W. P. Sypart

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

4-29-1841

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, ..... hrs.  
or ..... min.

94

9

14

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.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

Missouri, Gen

FATHER

13. NAME

Christian Collins

14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

Kentucky

MOTHER

15. MAIDEN NAME

Kitty Higbee

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

Kentucky

17. INFORMANT  
(ADDRESS)Miss Mary Sypart  
1601 E. Brady Columbia, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Columbia Cem. DATE Feb. 14, 1936

19. UNDERTAKER  
(ADDRESS)Parker Furniture Co.  
Columbia, Mo.

20. FILED

2/14/1936 Allie Selby Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

2-13-1936

I HEREBY CERTIFY, That I attended deceased  
Feb. 12-1936 to Feb. 13-1936I last saw her alive on Feb. 13-1936 Death is said  
to have occurred on the date stated above, at 12:30 a.m.

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

Coronary Arteriosclerosis

Date of onset  
2-11-36

Other contributory causes of importance:

Myocarditis

1936

Name of operation

none

Date of

What test confirmed diagnosis?

none

Was there an autopsy?

No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury, 19.....

Where did injury occur? No

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

None

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

W. P. Sypart, M. D.  
Columbia, Mo.

(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.

