MAY 22 1936

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

Do not use this space

1. PLACE OF DEATH
County Madison — Registration District No. 538 — File No. 48134
Township Castor — Primary Registration District No. 5727 — Registered No. 37
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Still born — No name Sitze
(a) Residence, No. ✓ St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): S.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 26 36
7. AGE: YEARS ✓ MONTHS ✓ DAYS ✓ If LESS than 1 day, ✓ hrs. or ✓ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓
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) Morgnand Mo R.F.D.

FATHER
13. NAME Wm J. Sitze
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Alma Monie
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) W. J. Sitze Morgnand Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE near Morgnand Mo DATE Apr 27, 1936
19. UNDERTAKER (ADDRESS) None
20. FILED Apr 27, 1936 S. A. Slaughter Registrar.
By E. D. Schwanen

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 26, 1936
22. I HEREBY CERTIFY, That I attended deceased from Apr. 26, 1936, to Apr 26, 1936
I last saw Not alive on Apr 26, 1936. Death is said to have occurred on the date stated above, at ✓ m.
The principal cause of death and related causes of importance were as follows:
Cause unknown of death - Death occurred possibly 2 or 3 days before birth
Date of onset
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? No
If so, specify .....
(Signed) H Harry Barron, M. D.
(Address) Fredericktown Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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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