

REC'D FEB 28 1939

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

4099
Do not use this space.

1. PLACE OF DEATH

(a) County Stoddard Registration District No. 834
(b) Township New Lisbon Primary Registration District No. 6153
(c) City Near Swanton, Mo. Street No. _____ St. _____
(d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 222 Edomou A Sits St. 0
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Malinda Sits
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20, 1853
7. AGE YEARS 85 MONTHS 6 DAYS 3 If LESS than 1 day,hrs. ormin.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stoddard Co. Mo.

FATHER 13. NAME Frank Sits

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

MOTHER 15. MAIDEN NAME Miss Wilson

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

17. INFORMANT (ADDRESS) Fowler Sits
Advance, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Nations Cemetery DATE Jan. 25, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Loyle's Mgrs
Advance, Mo.

20. FILED 2/6 1939 S S McFee Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 24, 1939
22. I HEREBY CERTIFY that I attended deceased from Jan. 18, 1939 to Jan. 24, 1939
I last saw him alive on Jan. 18, 1939. Death is said to have occurred on the date stated above, at 8:20 a.m.
The principal cause of death and related causes of importance were as follows:

Brochial pneumonia

Other contributory causes of importance: 10/1/39

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

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) John Dr. Wilson, M. D.
Blount, Mo.
25-38 (Address)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. STATE OF MISSOURI should be stated EXACTLY. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. OCCUPATION should be stated EXACTLY. PHYSICIANS should state EXACTLY.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.