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.

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

1 PLACE OF DEATH

County Jasper.

Township Arcadia. or Village ..... or City ..... (NO. ....., ... St.; ..... Ward)

Registration District No. 391 File No. 25101

Primary Registration District No. 5546a Registered No. 21

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Wesley Sisk.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	White	Widower

6 DATE OF BIRTH Do not Know. (Month) (Day) 1 (Year)

7 AGE 76 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work None.
(b) General nature of industry business, or establishment in which employed (or employer) X

9 BIRTHPLACE (City or town, State or foreign country) Alabama.

PARENTS

10 NAME OF FATHER Do not Know.

11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Do not Know.

12 MAIDEN NAME OF MOTHER Do not Know.

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Do not Know.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. E. Tucker.

(Address) Pilot Knob, Mo.

15 Filed July 9, 1917. Robert P. Rasche, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 8, 1917. (Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from X, 191X, to X, 191X, that I last saw h... X ...alive on X, 191X, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Senile Dy.

Hrs.

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) R. D. Gary M. D.

July 9, 1917. (Address) Stanton, Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL Dis. Chr. Ch. Cemetery — **DATE OF BURIAL** July 9, 1917.

20 UNDERTAKER H. Blair — **ADDRESS** Stanton, Mo.