

MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH

16 County Cape Girardeau Registration District No. 129 File No. 4197
Township St. Lawrence Primary Registration District No. 5180 Registered No. 3
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Francis Marion Sides
(a) Residence, No. Jackson MO. R. 1 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) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1 - 1868

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
7 73 9 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Minister

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) Mo

13. NAME Daniel Sides

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

15. MAIDEN NAME Dora Knapp

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

17. INFORMANT (ADDRESS) Lucas Sides
Melby Sanding mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Cross Roads Ave DATE 2-6-1934

19. UNDERTAKER (ADDRESS) Reisenbichler & Putz by Putz
Cocafrontas, Mo.

20. FILED 2/5/34 1934 J. J. Schoen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 4 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1934, to Feb 4, 1934.

I last saw him alive on Feb 3, 1934. Death is said to have occurred on the date stated above, at A. P. m.

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

Mitral Regurgitation 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 _____, 1934

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) R. D. Harbock, M. D.

(Address) Cocafrontas, Mo.

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.

