REC'D SEP 20 1939

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

28762
Do not use this space.

1. PLACE OF DEATH
(a) County Cape Girardeau | Registration District No. 12
(b) Township | Primary Registration District No. 3009 | Registered No. 291
(c) City Cape Girardeau (d) Street No. South East Mo. Hospital St.
(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 Bobby Gene Sider
(a) Residence, No. St.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17, 1931

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	8	3	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leeman Mo 0

FATHER
13. NAME Norman M. Sider 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leeman Mo 0

MOTHER
15. MAIDEN NAME Delphia Creach
16. BIRTHPLACE (CITY OR TOWN) (STATE ~~OR COUNTRY~~) Missouri

17. INFORMANT (ADDRESS) Norman M. Sider Leeman Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pleasant Hill Cem DATE aug 23 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Macke-Wilson-Statler Jackson Mo

20. FILED 8-21, 1939 Jno. M. Thompson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-21, 1939

22. I HEREBY CERTIFY, That I attended deceased from 8-10, 1939 to 8-21, 1939.
I last saw h[illegible] alive on 8-21, 1939 Death is said to have occurred on the date stated above, at 5:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis (Specify organism not isolated)	1 week

Other contributory causes of importance: 99 10

Name of operation none Date of —
What test confirmed diagnosis? Spinal P. 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) H. K. Seabaugh, M. D.
(Address) Jackson, Mo

(Licensed Embalmer's Statement on Reverse Side)

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.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
I X14025

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, ...

by me ....., or by .....,

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

Signed Glenn Wilson

Licensed Embalmer No. 2828

P. O. Address Jackson Mo

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.