

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

Do not use this space.

AUG 20 1935

20600

1. PLACE OF DEATH

County Pemiscot Registration District No. 657
Township Little Prairie Primary Registration District No. 6862
City Near Caruthersville, Mo. St. _____ Ward _____

File No. _____

Registered No. 962. FULL NAME Ira Sides

(a) Residence, No. _____ 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-9-1898
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 36 9 13 12

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year) May 1930 11. Total time (years) spent in this occupation 2 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.13. NAME AA Sides14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo/15. MAIDEN NAME Hettie Sides16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.17. INFORMANT Cyrus Sides
(ADDRESS) Caruthersville Mo. RFD.18. BURIAL, CREMATION, OR REMOVAL
PLACE Maple Cemetery DATE 6-23, 193519. UNDERTAKER H S Smith
(ADDRESS) Caruthersville Mo.20. FILED July 16, 1935 Eda Montis
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-22-35, 193522. I HEREBY CERTIFY, That I attended deceased from 6-16-35 to 6-16-35, 1935

I last saw him alive on 6-16-35, 1935 Death is said to have occurred on the date stated above, at 6 P.m.
The principal cause of death and related causes of importance were as follows:

T.B. of Bowel 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 _____, 1935

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? _____

If so, specify _____

(Signed) J.B. Luten, M. D.(Address) Caruthersville, 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.

