

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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

Do not use this space.

4870

1. PLACE OF DEATH

County Cape Girardeau
Township
City (No. 6 of 20 Anderson)

Registration District No. 125
Primary Registration District No. 3009

File No.
Registered No. 51
St. Ward

2. FULL NAME Luella C Sides

(a) Residence No. St. Ward

(Usual place of abode)

Luman mo.
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 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 L. S. Sides

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 30 - 1866

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>66</u>	<u>10</u>	<u>23</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work
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) Cape mo.

13. NAME Wm Poland

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

15. MAIDEN NAME Permelia Garner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Repley, Co Mo.

17. INFORMANT (ADDRESS) My Pearl Sides mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Apple Creek Cem DATE 2-25

19. UNDERTAKER (ADDRESS) Homey Funeral Home Cape Girardeau mo.

20. FILED 2/24 1933 W. K. Kumpfe Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 19th, 1933, to Feb. 23rd, 1933
I last saw her alive on Feb. 23rd, 1933. Death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:

Convulsions
Uraemic?
Ulcers of cornea - causing exorbitating pain.

Date of onset Feb. 23/33

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, 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) E. A. Schult, M. D.
(Address) Cape Girardeau, Mo.

