

16  
 RECD OCT 9 1939

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

32091  
 Do not use this space.

1. PLACE OF DEATH

(a) County Cape Girardeau Registration District No. 129  
 (b) Township Shawnee Primary Registration District No. 5180 Registered No. 9  
 (c) City ..... (d) Street No. ....  
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

320 Luther Sides  
 (a) Residence, No. Cape Girardeau County, Mo. St.  (If nonresident, give city or town and State)

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) JAN. 3, 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
58 7 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farming  
 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) Aug. 1, 1937 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nellys Landing Missouri

FATHER 13. NAME Robert Sides

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nellys Landing Missouri

MOTHER 15. MAIDEN NAME Martha Huey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau Co., Missouri

17. INFORMANT (ADDRESS) Arthur Sides Nellys Landing, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fair View Cemetery DATE Sept. 3, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Maude Wilson - Howard Jackson, Mo.

20. FILED Sept 30 1939 G. J. Schorn Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 31 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1937 to Aug 31 1939  
 I last saw him alive on Aug 25 1939 Death is said to have occurred on the date stated above, at 3 P.M.

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

Ulcer of stomach & duodenal ulcer Date of onset 1937

Other contributory causes of importance: 1170  
arterio sclerosis 1931

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... 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?  
 If so, specify .....  
 (Signed) G. J. Schorn M. D.  
Joe Kohn M.D.  
 (Address) 157 N. ...

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.

**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.**