

WHILE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

PLACE OF DEATH  
County St. Louis Co.  
Township Central Registration District No. 490 File No. 31938  
or ~~Thomas Station~~ Primary Registration District No. 6033 Registered No. 204  
or  
City \_\_\_\_\_ (NO. Thomas Ave. St.; \_\_\_\_\_ Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Ida E. Sidebotham

**PERSONAL AND STATISTICAL PARTICULARS**

SEX <u>Female</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>Widow</u> <small>(Write the word)</small>
DATE OF BIRTH <u>March 26, 1848</u> <small>(Month) (Day) (Year)</small>		
AGE <u>62</u> yrs. <u>6</u> mos. <u>27</u> ds.		IF LESS than 1 day, _____ hrs. or _____ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>Housework</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>At Home.</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Ohio</u>		
PARENTS	NAME OF FATHER <u>Jacob Miller.</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Not known</u>	
	MAIDEN NAME OF MOTHER <u>Martha Story</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Not known</u>	

**MEDICAL CERTIFICATE OF DEATH**

3  
DATE OF DEATH  
October 23, 1910  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from January 1, 1909, to Oct. 23, 1910, that I last saw her alive on Oct. 23, 1910, and that death occurred, on the date stated above, at 4.0 a.m.

The CAUSE OF DEATH\* was as follows:  
Heart failure due to Gran's Disease (Exophthalmic Goiter)  
6 1/2 yrs.  
13 1/2 (Duration) 20 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
Contributory Leystitis at various times (SECONDARY) (Duration) 3 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(Signed) Katherine W. School M. D.  
Oct. 24, 1910 (Address) 1115 Union Ave.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  
At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
Where was disease contracted If not at place of death? \_\_\_\_\_  
Former or usual residence \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL <u>Wesleyan Cemetery</u>	DATE OF BURIAL <u>Oct. 25, 1910</u>
UNDERTAKER <u>Edmer Shepard</u>	ADDRESS <u>5921 Easton Ave.</u>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Arthur Sidebotham  
(ADDRESS) 5971 Easton Ave.  
Filed 10/24/10 1910 W. E. Eggers REGISTRAR

