JAN 23 1929

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

Do not use this space.

40171

1. PLACE OF DEATH
County Gentry — Registration District No. 311
Township Bogle — Primary Registration District No. 5430
City ..... (No. ..... St. ..... Ward)
File No. .....
Registered No. .....

2. FULL NAME Willie Gene Siddens

(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) Nov Thu 21-28

7. AGE — Years: — Months: — Days: 9 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Son
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Near Albany Mo
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Ralph Siddens
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Near Albany Mo
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Alpha Lucas
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Stanberry
(STATE OR COUNTRY)

14. INFORMANT Ralph Siddens
(Address) Albany Mo

15. FILED Dec 1927 C. H. Williamson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/2 — 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 21, 1928, to Dec 30, 1928, that I last saw h[illegible] alive on Nov 30 — 1928, and that death occurred, on the date stated above, at 10 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature Birth
159
(duration) ..... yrs. ..... mos. 9 ds.
CONTRIBUTORY 161.0
(SECONDARY)
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) C. H. Williamson, M. D
12/4, 1928 (Address) Albany Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Grand View Cemetery — DATE OF BURIAL: Dec Thu 2 1928
20. UNDERTAKER: J R Shockley — ADDRESS: Albany 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.