

MAY 27 1929

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

Do not use this space.

11234

1. PLACE OF DEATH  
 County Jefferson Registration District No. 420  
 Township Waller Primary Registration District No. 3027  
 City Desoto Mo. (No. ....) St. .... Ward ....

2. FULL NAME Edward Sides  
 (a) Residence, No. .... St. .... Ward ....  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

File No. ....  
 Registered No. HA  
 St. .... Ward ....

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE COLOR 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Virgie Sides

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 29 - 1901

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .... hrs. or .... min.
<u>28</u>				

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

9. BIRTHPLACE (CITY OR TOWN) Bliss Mo.  
 (STATE OR COUNTRY)

10. NAME OF FATHER Henry Sides

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Leonton Mo.  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER -

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) not known  
 (STATE OR COUNTRY)

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 29 - 7:15 am 1929

17. I HEREBY CERTIFY That I attended deceased from Dec - 19, 1928, to March - 28, 1929 that I last saw him alive on March - 28, 1929, and that death occurred, on the date stated above, at 7:15 a m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Tuberculosis of lungs  
23A (duration) 1 yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) 31 (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) Water Johnson, M. D.  
Mar - 30, 1929 (Address) Desoto 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.

14. INFORMANT Virgie Sides  
 (Address) 516 Cedar St. Desoto Mo.

15. FILED 30 29 1929 Ed Rungley REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL City Cemetery DATE OF BURIAL 3-31-1929

20. UNDERTAKER R. Coxwell & Son ADDRESS Desoto 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.

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2  
7

23

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WRITE PLAINLY, WITH INK

