

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

Do not use this space.

1505

1. PLACE OF DEATH

49 County Jasper Registration District No. 417
 11 Township Webb City Primary Registration District No. 3071
 7 City Webb City (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 15
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 411 W. 4th St 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) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 24, 1895

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
36 11 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner 16

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) Jasper Co. Mo.

13. NAME Michall Sidenstricker

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

15. MAIDEN NAME Cloy Morgan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Mrs. Thelma Cook (ADDRESS) Webb City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Heaven DATE Jan. 31, 1932

19. UNDERTAKER Steele Und. Co. (ADDRESS) Webb City, Mo.

20. FILED 1/30 1932 R. W. Stormont Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 28, 1932

22. I HEREBY CERTIFY, that I attended deceased from Jan 29, 1932 to Jan 29, 1932
 I last saw him alive on Jan 29, 1932 Death is said to have occurred on the date stated above, at 8:05 P.M.
 The principal cause of death and related causes of importance were as follows:

Acute Nephritis -
Bilateral of meninges
poisoning
suicidal
 Date of onset Jan 27/32
 Other contributory causes of importance: 163 130

Name of operation suicidal poisoning 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? suicide Date of injury 1/27, 1932

Where did injury occur? at home 411 W. 4th St.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. in home

Manner of injury suicide
 Nature of injury mercurial poisoning

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) Harry S. Sinner, M. D.
 (Address) Coroner Jasper Co.

WRITE 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.

FEB 4 1932

