

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

Do not use this space.

41070

1. PLACE OF DEATH

81 County Polk Registration District No. 677
 2 Township Polk Primary Registration District No. 4403
 4 City Polk (No. _____, St. _____, Ward _____)

File No. _____
 Registered No. 106
 St. _____ Ward _____

2. FULL NAME Paul Sidwell

(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 Wht 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) OCT 9 - 1932
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 17

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 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) Vida (STATE OR COUNTRY) Mo

FATHER
 13. NAME Chas Sidwell

14. BIRTHPLACE (CITY OR TOWN) Vida (STATE OR COUNTRY) Mo

MOTHER
 15. MAIDEN NAME Julia Nokes

16. BIRTHPLACE (CITY OR TOWN) Vida (STATE OR COUNTRY) Mo

17. INFORMANT Chas Nokes (ADDRESS) 2200

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Funerary DATE DEC 21 1932

19. UNDERTAKER Hull & Licklider (ADDRESS) Polk, Mo.

20. FILED Dec. 20 1932 Joe J. Ayers Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 19 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw h _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 8:30 p.m.
 The principal cause of death and related causes of importance were as follows:

No Doctor in attendance supposed to be pneumonia
 Date of onset _____

Other contributory causes of importance:
1932 (b)
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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) Chas Sidwell, Father M.D.
 (Address) Vida 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.

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

