

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.

WHITE PLAIN; WITH OUTFOLDING IN THIS IS A PERMANENT RECORD

MAR 25 1935

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

Do not use this space.

1. PLACE OF DEATH

County Greentery  
Township Athens  
City (No. )

Registration District No. 309  
Primary Registration District No. 5427

File No. 4967  
Registered No. 12  
St. Ward

2. FULL NAME

Julia Ann Siddens  
(a) Residence No. St. Ward.  
(Usual place of abode)  
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.  
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow  
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thompson Siddens  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 24 - 1848  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
86 5 10  
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) Greentery Co. Mo.  
(STATE OR COUNTRY)

13. NAME Hiles Parman

14. BIRTHPLACE (CITY OR TOWN) Not Known  
(STATE OR COUNTRY)

15. MAIDEN NAME Not Known

16. BIRTHPLACE (CITY OR TOWN) Not Known  
(STATE OR COUNTRY)

17. INFORMANT Valley Siddens  
(ADDRESS) Albany Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Hinton DATE Feb. 5 1935

19. UNDERTAKER A. J. Bass  
(ADDRESS) Albany Mo.

20. FILED Mar. 1 1935 W. T. Martin  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 3 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 25 - 1935, to Feb 3 - 1935  
I last saw her alive on Feb. 3 - 1935. Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

Myocarditis Date of onset ?

Other contributory causes of importance:  
Mural Thrombosis Feb. 1, 35

Name of operation 0 Date of 0

What test confirmed diagnosis? clin. Was there an autopsy? 0

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Date of injury, 1935

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? no

If so, specify Frank H. Rose M. D.

(Signed) Albany, Mo.  
(Address)

