REC'D APR 24 1939

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

9834
Do not use this space.

1. PLACE OF DEATH

(a) County Adair 1 — Registration District No. 4

(b) Township ~~Benton~~ 1 — Primary Registration District No. 3001 — Registered No. 61

(c) City Kirksville 1 — (d) Street No. Grim-Smith Hospital and Clinic St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. 11 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

1
2
2

2. PRINT FULL NAME Mrs. Laura Bell Sidwell

(a) Residence, No. ____ St. ____ Queen City, Missouri
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph F. Sidwell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 11, 1863

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ____ hrs. or ____ min.
75	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 51 yrs

12. BIRTHPLACE (CITY OR TOWN) Mark, (STATE OR COUNTRY) Iowa 1

FATHER

13. NAME Joshua Bell 0

14. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) 0

MOTHER

15. MAIDEN NAME Elizabeth Hopkins

16. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY)

17. INFORMANT I. J. Sidwell (son) (ADDRESS) Queen City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Queen City Cem. DATE Mar 15, 1939

19. FUNERAL DIRECTOR (NAME) Wm H West (ADDRESS) Queen City Mo

20. FILED 3/13, 19 Spencer L. Freeman Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1939 to March 13, 1939

I last saw h~~er~~ alive on March 13, 1939. Death is said to have occurred on the date stated above, at 2:45 P.m.

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

	Date of onset
Acute Circulatory Failure ~~chronic~~ (myocardial)	3-11-39
Other contributory causes of importance: Cholelithiasis	1936

Name of operation Cholecystotomy Date of 3-4-39

What test confirmed diagnosis? operation 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? XXXXXX (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury XXXXXX

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) George E. Gunn, M. D.

(Address) Kirksville, Mo

(Licensed Embalmer's Statement on Reverse Side)

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 INDELIBLE INK—THIS IS A PERMANENT RECORD

I X14028

RECEIVED
District Health Officer No. 10
District File Number 10-39-513
Date Filed APR 11 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Wm N West, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No. 2882

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.