

AUG 22 1939

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

27063

Do not use this space.

1. PLACE OF DEATH

(a) County Wright Texas Registration District No. 1027
(b) Township Clinton Primary Registration District No. 6136
(c) City _____ (d) Street No. _____ Registered No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

3/3 Ida Sidebottom
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 28, 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 0 14

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hancock Iowa

FATHER 13. NAME Henry Frankia Nicola

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

MOTHER 15. MAIDEN NAME Lizzie E. Wasser

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

17. INFORMANT (ADDRESS) Arnon Sidebottom

18. PLACE OF REMOVAL (ADDRESS) Orland Iowa DATE July 16, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Russell Barber
Int. Home, Mo.

20. FILED July 12, 1939 J. M. Weatherman
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from 3/10, 1939 to 7/12, 1939

I last saw her alive on Wed July 2, 1939 Death is said to have occurred on the date stated above, at 6 P. M.

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

mitral insufficiency Date of onset _____

Other contributory causes of importance: 92h

Name of operation _____ Date of _____

What test confirmed diagnosis? Urinal Was there an autopsy? no

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) R. A. Ryan, M. D.

(Address) Orland

RECEIVED

District Health Officer No. 5,

District File Number 839ⁿ 83

Date Filed 8/10/39

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,

....., or by

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

Signed Russell Barber

Licensed Embalmer No. 3848

P. O. Address ret. Home, Md

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.