

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

Do not use this space.

8010

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1005
 City..... (No. 1202^a Lower Brown Ave) St. _____ Ward _____

File No. _____
 Registered No. 1652

2. FULL NAME

Nazie Elm Sidwell

(a) Residence. No. 1202^a Lower Brown Ave St. 16 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

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-3rd 1929
 17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at 4:00 a.m.

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

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia Broncho Pneumonia
Primary 107H
 (duration) yrs. mos. ds.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 10, 1928
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
— 3 24

CONTRIBUTORY (SECONDARY) W. M. A.
 (duration) yrs. mos. ds.
 18. WHERE WAS DISEASE CONTRACTED 100A
 IF NOT AT PLACE OF DEATH. _____
 DID AN OPERATION PRECEDE DEATH. _____ DATE OF _____
 WAS THERE AN AUTOPSY? no

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work _____
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

WHAT TEST CONFIRMED DIAGNOSIS? _____
 (Signed) John H. Hurley M.D.
2/4, 1929 (Address) Deputy Coroner

9. BIRTHPLACE (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) _____

10. NAME OF FATHER Charles J. Sidwell

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo.
 (STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Julia Woakes

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo.
 (STATE OR COUNTRY) _____

14. INFORMANT Charles J. Sidwell
 (Address) 1202^a Lower Brown Ave

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Rolla Mo (Mother) DATE OF BURIAL 2-4 1929

15. FILED 5-4 1929 Max Starbuck REGISTRAR

20. UNDERTAKER Keoghhouse Chad Co Manchester
 ADDRESS 4104

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.

