MAY 27 1930

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

Do not use this space.

16949

1. PLACE OF DEATH
County Perry Registration District No. 659 File No. 55
Township Tainguy Home Primary Registration District No. 5826 Registered No. 55
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Mrs. Martha Jane Sides

(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	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 F. M. Sides

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 4 - 1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	69	1	28	

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

9. BIRTHPLACE (CITY OR TOWN) Cape Girardeau Co. Mo
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Jos. Hughey
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Don't Know
12. MAIDEN NAME OF MOTHER Sarah Ficdan
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Tennessee

14. INFORMANT F. M. Sides
(Address) R. 1. Perryville Mo

15. FILED 5-3, 1930. Martin Moeckel
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 2 1930

17. I HEREBY CERTIFY, That I attended deceased from April 27th, 1930, to May 2 1930, that I last saw h... alive on April 28, 1930, and that death occurred, on the date stated above, at 8 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia
IIA
10 D (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) Influenza
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) W. H. Barker, M. D
, 19 (Address) Perryville Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Cross Roads Cem.	May 4 1930
20. UNDERTAKER	ADDRESS
Zoellner & Young	Perryville 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.