AUG 6 1927

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

Do not use this space.

20716

1. PLACE OF DEATH
County Buchanan — Registration District No. 85
Township — Primary Registration District No. 1001
City St. Joseph, Mo. (No. Noyes Hospital St. Ward)

File No.
Registered No. 735

2. FULL NAME Arthur Claude Kiddoo
(a) Residence. No. 2013 Lafayette Street 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) October 8, 1903

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
23	9	12	

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

9. BIRTHPLACE (CITY OR TOWN) St. Joseph,
(STATE OR COUNTRY) Missouri.

PARENTS
10. NAME OF FATHER Claude E. Kiddoo
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Union County
(STATE OR COUNTRY) Iowa
12. MAIDEN NAME OF MOTHER Elizabeth Sestrup
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Joseph,
(STATE OR COUNTRY) Missouri.

14. INFORMANT Mrs. C. E. Kiddoo,
(Address) 2013 Lafayette

15. FILED JUL 22 1927, 19 John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 20, 1927

17. I HEREBY CERTIFY, That I attended deceased from vice on July 20, 1927, to ....., 19.....
that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 3:50 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Fracture of Skull.
Result of automobile accident on 6th Hickory St St Joseph Mo

CONTRIBUTORY (SECONDARY) 1880
(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? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Post Mortem findings + History of accident
(Signed) [illegible] Corones, M. D.
7/22, 1927 (Address) St Joseph 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: Memorial Park
DATE OF BURIAL: July 22 1927

20. UNDERTAKER: Fleeman-Faris
ADDRESS: 1208 Francis

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.