

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

Do not use this space.

42706

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis Mo. (No. .... Sanitarium .....

File No. ....  
 Registered No. 11957  
 St. .... Ward,

**2. FULL NAME**

Robert Kidd  
 (a) Residence. No. 2724 Morgan St., 13 Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. 4 mos. 0 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male | 4. COLOR OR RACE Colored | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Martha Kidd

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 28 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.  
About - 52 | 4 | Unknown

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

9. BIRTHPLACE (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY) Alabama

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT R. Shumell  
 (Address) City San

15. FILED 1928 May C. Stanley  
 19... REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-4-1928

17. I HEREBY CERTIFY, That I attended deceased from 12-1-1928, 1928, to 12-4-1928, 1928 that I last saw h. alive on, 12-4-1928, 1928, and that death occurred, on the date stated above, at 5:45 P m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

chronic  
myocarditis  
936 (duration) yrs. 5 mos. 7 ds. 7

CONTRIBUTORY (SECONDARY) 900 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH: no

0 DID AN OPERATION PRECEDE DEATH no DATE OF.....

WAS THERE AN AUTOPSY no

WHAT TEST CONFIRMED DIAGNOSIS  
 (Signed) R. Shumell, M. D.

12-5-1928 (Address) City San

\*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 Greenwood Cem - DATE OF BURIAL Dec 10 1928

20. UNDERTAKER W. C. Gordon ADDRESS 2649 Morgan St

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

