APR 30 1929

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

Do not use this space.

11859

1. PLACE OF DEATH
County: Phelps — Registration District No. 677 — File No.
Township: Rolla — Primary Registration District No. 5901 — Registered No. 30
City ..... (No. ..... St. ..... Ward)

2. FULL NAME: Mary Louise Kidwell
(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: Fem
4. COLOR OR RACE: wht
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): Feb 20 - 28

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
1		20	

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

9. BIRTHPLACE (CITY OR TOWN): Rolla
(STATE OR COUNTRY): Mo

PARENTS

10. NAME OF FATHER: Levi Kidwell
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Dont
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Dont Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Dont Know
(STATE OR COUNTRY)

14. INFORMANT: Mrs Chas Manchi[illegible]
(Address): Rolla R.3.

15. FILED 3/12, 1929 Jos. F. Ayers, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 12 1929

17. I HEREBY CERTIFY, That I attended deceased from 11th March, 1929, to 12th March, 1929, that I last saw her alive on 12th, 1929, and that death occurred, on the date stated above, at 1:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

115B

Fabicular Tonsilitis

..... (duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (SECONDARY): none

..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED: Home
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No. DATE OF Mar 12th 1929
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? none
(Signed) A Leroy Barnard, M.D.
3/12, 1929 (Address) Rolla, 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: Roach Cemetery — DATE OF BURIAL: 3/13 1929

20. UNDERTAKER: Null & Gicklider — ADDRESS: Rolla, 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.

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