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

Do not use this space.

20378

File No. 54

Registered No.

1. PLACE OF DEATH

County Ray

Township Richmond

City Henrietta (No. , St. Ward)

Registration District No. 744

Primary Registration District No. 3035

2. FULL NAME John Day Kiddoo

(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.

JUL 25 1930

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Wh

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 25, 1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	3	24	

8. OCCUPATION OF DEACESED

(a) Trade, profession, or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) —
(STATE OR COUNTRY) Ill.

PARENTS

10. NAME OF FATHER John Kiddoo

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

12. MAIDEN NAME OF MOTHER Eliza Day

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) —
(STATE OR COUNTRY) Don't Know

14. INFORMANT Mrs Nettie Haever
(Address) Henrietta Mo.

15. Filed 6-20, 19 30 E. E. Gay Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-19-30 12:00 A.M. 19

17. I HEREBY CERTIFY, That I attended deceased from May 19th 1930, 19, to June 19th 1930 19, that I last saw h. im alive on June 19th 1930 19, and that death occurred, on the date stated above, at 12. Oclock Noon

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Accute IndoCarditis

(duration) yrs. mos. 30 ds.

CONTRIBUTORY (SECONDARY) Advaaced Age.

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED —

IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Cardiac Pronounced Screak

(Signed) D. L. Smith, M. D.

, 19 (Address) Henrietta, Missouri

*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 Glendale Cem. Mommouth Ill. DATE OF BURIAL 6-22-30 19

20. UNDERTAKER Richmond Mo. ADDRESS