

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.

FEB 20 1931

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

Do not use this space.

2026

1. PLACE OF BIRTH
 County Macou Registration District No. 527
 Township _____ Primary Registration District No. 5703
 City Brewer Mo (No. _____) St. _____ Ward _____
 2. FULL NAME George Lee Kiddle
 (a) Residence. No. _____ St. _____ Ward _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

File No. _____
 Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 11 - 1930

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>0</u>	<u>8</u>	<u>17</u>	

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

9. BIRTHPLACE (CITY OR TOWN) Brewer
 (STATE OR COUNTRY) Mo

10. NAME OF FATHER Lee Kiddle

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

12. MAIDEN NAME OF MOTHER Paula Hoffman

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

14. INFORMANT Lee Kiddle
 (Address) Brewer, Mo

15. FILED 1-25 1931 Dave J. Edwards
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 27 1931

I HEREBY CERTIFY, That I attended deceased from Jan 27, 1931, to Jan 27, 1931, that I last saw him alive on Jan 17, 1931, and that death occurred, on the date stated above, at 5:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchopneumonia
11A
157A (duration) yrs. mos. 13 ds.

CONTRIBUTORY (SECONDARY) Influenza
 (duration) yrs. mos. 17 ds.

18. WHERE WAS DISEASE CONTRACTED?
 NOT AT PLACE OF BIRTH
 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOBUST

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
 (Signed) J. J. Turner, M. D.
1-25 1931 (Address) Brewer, 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 <u>West & Oakwood</u>	DATE OF BURIAL <u>1/30 1931</u>
20. UNDERTAKER <u>D. J. Edwards</u>	ADDRESS <u>Brewer Mo</u>

