

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.

MAY 2 1931

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

Do not use this space.

13889

1. PLACE OF DEATH
 4 County Hendry Registration District No. 330
 Township _____ Primary Registration District No. 3917
 City Trenton (No. 909 La Cade) St. _____ Ward _____

2. FULL NAME Cassius M. Kidel
 (a) Residence, No. 909 La Cade St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred usual yrs. _____ mos. _____ ds. _____
 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4 1862

7. AGE YEARS 68 MONTHS 9 DAYS 12 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bridge carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1881 to 1900, 1909

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

FATHER

13. NAME Elias Kidel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER

15. MAIDEN NAME Julu Hupper

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Sherrill Kidel

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Grove DATE April 19 1931

19. UNDERTAKER M. M. Jones

20. FILED 22 Apr 1931 E. A. Duffly Registrar

11 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15 1931

22. I HEREBY CERTIFY, That I attended deceased from April 14, 1931, to April 16, 1931
 I last saw him alive on April 16-1:30, 1931. Death is said to have occurred on the date stated above, at _____ p.m.
 The principal cause of death and related causes of importance were as follows:
asthma
Chronic interstitial nephritis of a few years standing

Other contributory causes of importance:
Chronic interstitial nephritis of a few years standing

Name of operation _____ Date _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) G. H. Muller, M. D.
 (Address) Trenton Mo.

1. *...*
2. *...*
3. *...*
4. *...*
5. *...*
6. *...*
7. *...*
8. *...*
9. *...*
10. *...*
11. *...*
12. *...*
13. *...*
14. *...*
15. *...*
16. *...*
17. *...*
18. *...*
19. *...*
20. *...*
21. *...*
22. *...*
23. *...*
24. *...*
25. *...*
26. *...*
27. *...*
28. *...*
29. *...*
30. *...*
31. *...*
32. *...*
33. *...*
34. *...*
35. *...*
36. *...*
37. *...*
38. *...*
39. *...*
40. *...*
41. *...*
42. *...*
43. *...*
44. *...*
45. *...*
46. *...*
47. *...*
48. *...*
49. *...*
50. *...*
51. *...*
52. *...*
53. *...*
54. *...*
55. *...*
56. *...*
57. *...*
58. *...*
59. *...*
60. *...*
61. *...*
62. *...*
63. *...*
64. *...*
65. *...*
66. *...*
67. *...*
68. *...*
69. *...*
70. *...*
71. *...*
72. *...*
73. *...*
74. *...*
75. *...*
76. *...*
77. *...*
78. *...*
79. *...*
80. *...*
81. *...*
82. *...*
83. *...*
84. *...*
85. *...*
86. *...*
87. *...*
88. *...*
89. *...*
90. *...*
91. *...*
92. *...*
93. *...*
94. *...*
95. *...*
96. *...*
97. *...*
98. *...*
99. *...*
100. *...*