

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.

OCT 22 1931

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

Do not use this space.

30572

1. PLACE OF DEATH

County Buchanan

Registration District No. 95

Township

Primary Registration District No. 233

City St. Joseph

(No. 6721)

St. 16

File No.

Registered No. 935

St.

Ward

2. FULL NAME Lorenzo Kider

(a) Residence, No. 6721

Black St.

St.

16

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

Male

4. COLOR OR RACE

White.

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

Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Clara Etta Kider.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 2, 1871.

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, hrs.

or min.

60

7

8

OCCUPATION

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

Farmer.

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

10. Date deceased last worked at this occupation (month and year) August 1931.

11. Total time (years) spent in this occupation. 40 years

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

Linn County

Missouri.

FATHER

13. NAME Francis M. Kider

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

Unknown

Ohio.

MOTHER

15. MAIDEN NAME Ella Cooper.

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

Unknown.

Unknown

17. INFORMANT James Kider. (ADDRESS) Halls Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bethel Cemetery

DATE Sept. 11, 1931.

19. UNDERTAKER

(ADDRESS) 5025 King Hill Av.

20. FILED

9-10

19

John Kider Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 10, 1931

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1931, to Sept 9, 1931.

I last saw him alive on Sept 9, 1931. Death is said to have occurred on the date stated above, at 1038 A. M.

The principal cause of death and related causes of importance were as follows:

Carcinoma prostate
51C

Date of onset

Other contributory causes of importance:

Name of operation Prostatectomy Date of Sept 10, 1931

What test confirmed diagnosis Prostate Was there an autopsy Yes

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) E. J. Bledsoe M. D.

(Address) 1000 Cary Bldg

(2)

(30)

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