

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

Do not use this space.

8157

1. PLACE OF DEATH

40 County Brandy Registration District No. 330
4 Township Salisbury Primary Registration District No. 3017
7 City Prenton (No. _____) St. _____ Ward _____

2. FULL NAME

Genie Lewis Kidd
(a) Residence, No. 1106 Laclede St., 4 Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF G. M. Kidd
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29-1959
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 72 1 20
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Glenn Kidd (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Grove DATE Mar 21 1932

19. UNDERTAKER R. A. Bradley (ADDRESS)

20. FILED Mar 21 1932 E. A. Blaffy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 19 1932

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1932, to March 19, 1932
I last saw h. or alive on March 19, 1932 Death is said to have occurred on the date stated above, at 4:30 P. M.

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

Lobar Pneumonia Date of onset March 10-32
108

Other contributory causes of importance:

Name of operation _____ Date of _____

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 Bertha E. Sheehy, M. D.

(Signed) _____ (Address) Prenton Missouri

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.

APR 26 1932

RECORD THIS IS A PERMANENT RECORD

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