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

Do not use this space.

12466

File No. 1393

Registered No.

1. PLACE OF DEATH Vet. Administration Hospital,
County Jackson Registration District No.
Township Kaw Primary Registration District No.
City Kansas City, Mo. (No. U. S. Veterans Hospital St. Ward)

2. FULL NAME KIDDER, James Arthur C-None
(a) Residence, No. 1517 Hardesty St. Ward. Pvt. Co B 22nd Reg. Kansas Vol.
(Usual place of abode) Kansas City, Mo. (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 Mrs. Myrtle Kidder

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 30, 1877

7. AGE: Years 54 | Months 4 | Days 2 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Finner 93
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) Kansas 2

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Hospital Records

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
PLACE Joplin, Mo. DATE 4-4-32, 19

19. UNDERTAKER Freeman Mortuary & Chapel
(ADDRESS) 104 W. 42nd St. K. C. Mo

20. FILED 4/2, 1932 M. M. Grant Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 31, 1932 to April 2, 1932
I last saw him alive on April 2, 1932. Death is said to have occurred on the date stated above, at 10:40 A.M.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Unknown (Date of Onset)

Other contributory causes of importance:
Cerebral Arteriosclerosis — Unknown

Name of operation --- Date of
What test confirmed diagnosis Phys. Exam. & Neurological 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) W. E. CHAMBERS, M. D.
(Address) Vet. Administration Hospital, Kansas City, Mo.

P.C.

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.

V.S. No. 2.