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

Do not use this space.

186

1. PLACE OF DEATH

County Buchanan — Registration District No. 83 — File No.

Township [illegible] — Primary Registration District No. 5124 — Registered No.

City St. Joseph (No. Hiway #71 2 Miles south Faucett Mo. St. Ward)

2. FULL NAME Oscar H. Nidy

(a) Residence, No. Faucett Mo. R F D. #1 St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: ✓ Widy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 7, 1868

7. AGE: YEARS 65 — MONTHS 6 — DAYS 14 — If LESS than 1 day, ... hrs. or ..... min.

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): Jan. 1934
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Platte County Missouri

FATHER

13. NAME: Geo. W. Nidy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Virginia

MOTHER

15. MAIDEN NAME: Rebecca Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Agency Missouri

17. INFORMANT (ADDRESS): Mrs Ruth Jones Faucett Missouri

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Turner Cemetery DATE January 23, 1934

19. UNDERTAKER (ADDRESS): H. O. Sidenfadey 1802 Union st St Joseph Mo.

20. FILED 1/21, 1934 W. S. Hull Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): January 21, 1934

22. I HEREBY CERTIFY, That I ~~attended~~ viewed deceased ~~from~~ on Jan 21, 1934, to ....., 19....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

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

Struck by automobile accidental
fractured skull fractured hip both femurs fractured on highway no 71

Date of onset

Other contributory causes of importance: none

210

Name of operation none Date of

What test confirmed diagnosis? Phys Exa. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accident Date of injury 1/21, 1934

Where did injury occur? Buchanan Co (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Highway

Manner of injury Struck by automobile

Nature of injury Fractured Skull Hull.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Forrest Thomas Coroner, M. D.

(Address) 801½ Felix St. St Joseph Mo

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.

2nd 1934