

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

Do not use this space.

MAR 12 1936

3901

1. PLACE OF DEATH

County Registration District No. 791
 Township Primary Registration District No. 1003
 City St. Louis (No. 4891a Farlin Ave.) St. Ward

2. FULL NAME

William A. Kidd

(a) Residence, No. 4891a Farlin Ave. St. 7 Ward.
 (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Rose Kidd</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 25th, 1859</u>		
7. AGE YEARS <u>76</u>	MONTHS <u>3</u>	DAYS <u>6</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Grocery Buyer</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Retired</u>		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 31st, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1935 to Jan. 31, 1936
 I last saw him alive on 1/30/36, 1936 Death is said to have occurred on the date stated above, at 6:45 A.M.

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

Old Cirrhosis of Liver Date of onset 1934
Old Arthritis 1928
Acute Gastritis 4/15/36

Other contributory causes of importance: 1745

Name of operation none Date of
 What test confirmed diagnosis? Phys. Ex. 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
 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) J. W. Freeman, M. D.
 (Address) 3632 Washington

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>
	13. NAME <u>Elijah H. Kidd</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>West. Va.</u>
	15. MAIDEN NAME <u>Mary Ann Riggle</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Rose Kidd</u> <u>4891a Farlin Ave.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bellefontaine CO. OH., Feb. 3rd 1936</u>	
19. UNDERTAKER (ADDRESS) <u>Whehmann Naval</u> <u>1905 Union Blvd.</u>	
20. FILED <u>FEB -1 1936</u> <u>J. F. Bredeck</u> Registrar.	

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

For Personal

35-15 Washington