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.

MAR 12 1936

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

Do not use this space.

8175

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 1854

Township ..... Primary Registration District No. 1003 Registered No. .....

City Stlouis Mo (No. Deaconess Hospital St. ..... Ward)

2. FULL NAME Bert Albert Kidd

(a) Residence, No. ..... St., N.R. Ward. Cedar Hill Mo
(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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 17-1905

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
31	0	1	

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

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

FATHER

13. NAME George A Kidd

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) House Springs Mo

MOTHER

15. MAIDEN NAME Addie Johnson

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

17. INFORMANT (ADDRESS) George A Kidd Cedar Hill Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cedar Hill Mo DATE 2-20 1936

19. UNDERTAKER (ADDRESS) Brimmer Funeral Home House Springs Mo

20. FILED FEB 19 1936 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-18, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-18, 1936, to 2-18, 1936

I last saw him alive on Feb 18, 1936. Death is said to have occurred on the date stated above, at 12 03 P.m.

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

Broncho pneumonia — Date of onset 2-13-36

Other contributory causes of importance: 137

Name of operation ..... Date of .....

What test confirmed diagnosis? Examination Was there an autopsy? .....

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? .....

If so, specify .....

(Signed) Daniel L. Sexton, M. D.

(Address) Grand & Washington