

DEC 18 1936

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

Do not use this space.

40708

1. PLACE OF DEATH

County Clay Registration District No. 198
Township Fishing River Primary Registration District No. 3011
City Excelsior Spgs (No. _____) St. _____ Ward _____

2. FULL NAME Albertus H. Kidd

(a) Residence, No. 111 South St St., _____ Ward. Beatrice Nebraska
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX _____ 4. COLOR OR RACE _____ 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

Male White Widowed

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

Elizabeth Gilliland

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 19 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

73 4 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attorney

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) Nov 7 1936 11. Total time (years) spent in this occupation 49 years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Allen Co Ohio

13. NAME Jeremith W Kidd

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

15. MAIDEN NAME Elvira Lillibridge

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT Family Record
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Beatrice Neb DATE Nov 11 1936

19. UNDERTAKER John C Prather
(ADDRESS) Excelsior Spgs Mo

20. FILED 11-2-36 1936 Wm R. McLean Registrar (Address) 116 South St. Excelsior Spgs, Mo.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 9th 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov-9th, 1936, to at death, 1936.

I last saw him alive on Nov. 9th, 1936 Death is said to have occurred on the date stated above, at 9:20 A.M.

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

Acute coronary occlusion Date of onset 11/9/36

Other contributory causes of importance _____

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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) J. C. Robichaux M. D.

(Address) 116 South St. Excelsior Spgs, Mo.

