

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

Do not use this space.

SEP 25 1937

1. PLACE OF DEATH

County Saline  
Township Marshall  
City Marshall

Registration District No. 796  
Primary Registration District No. 3038  
(No. Fitzgibbon) Hospital

File No. 31918  
Registered No. 140  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Atha Louise Kidd

(a) Residence, No. Marshall, R. R. #1 St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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 Female 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 Frank Kidd  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 18 1893  
7. AGE YEARS 43 MONTHS 9 DAYS 28 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife  
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) Marshall (STATE OR COUNTRY) Missouri

13. NAME Gilford Powers

14. BIRTHPLACE (CITY OR TOWN) Cass County (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Judith Cunningham

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

17. INFORMANT Frank Kidd (ADDRESS) Marshall Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Ridge Park DATE Aug 18 1937

19. UNDERTAKER Short-McChary (ADDRESS) Marshall Mo

20. FILED 8-17-37 19 37 Mary Kent Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 16 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 14 1937, to Aug 16 1937

I last saw her alive on Aug 16 1937 Death is said to have occurred on the date stated above, at 3:00 p.m.

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

Intestinal obstruction (Date of onset) Aug 14  
Peritonitis, generalized (Date of onset) Aug 15-17

Other contributory causes of importance: Nutritional secondary anemia standing

Name of operating physician Saparotinsky Date of operation Aug 16  
What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external cause (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. M. M. M. D. M. D.  
(Address) Marshall, 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.

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CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

31918 Do not use this space.

1. PLACE OF DEATH (a) County Saline (b) Township (c) City Marshall (d) Street No. (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds. 2. PRINT FULL NAME Atha Lousetta Kidd (a) Residence, No. St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS 3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 43 7 28 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as 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) 13. NAME 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 15. MAIDEN NAME 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 17. INFORMANT (ADDRESS) 18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19. FUNERAL DIRECTOR (ADDRESS) 20. FILED 19

MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 16 1937 22. I HEREBY CERTIFY, That I attended deceased from 19 to 19 I last saw him 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: Intestinal obstruction Date of onset Post operative adhesions from previous operation. Other contributory causes of importance: Operation for release of obstruction Name of operation Date of What test confirmed diagnosis? 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 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 W.K. Nix, M. D. (Signed) Marshall Mo (Address)

SUPPLEMENTARY

Local Registrar.

S-31918