

REC'D JUN 9 1938

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

17384
Do not use this space.**1. PLACE OF DEATH**

(a) County Jackson Registration District No. 399
 (b) Township Kan Primary Registration District No. 1002 Registered No. 2081
 (c) City Kansas City (d) Street No. 722 Gen Wash St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 16 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

Mary Fidd 300
 (a) Residence, No. 1410 1/2 Grand St. (If nonresident, give city or town and State)
 (Usual place of abode; if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>F.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED MARRIED (OR) WIFE OF <u>Addison E. Fidd</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 12 - 1861</u>		
7. AGE	YEARS <u>77</u>	MONTHS <u>4</u>
	DAYS <u>05</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>at home</u>	
	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) <u>Penn</u>		
FATHER	13. NAME <u>Wm Huey</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn</u>	
MOTHER	15. MAIDEN NAME <u>Rebecca Fickender</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn</u>	
17. INFORMANT (ADDRESS) <u>Addison Fidd</u> <u>1410 1/2 Grand</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Greenlawn</u> DATE <u>5/20 1938</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>Freeman Motuary</u> <u>104 W 42 St. K.C. Mo.</u>		
20. FILED <u>May 19, 1938</u> <u>M. M. Brown</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-17 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-20 1938 to 5-17 1938
 I last saw her alive on 5-17 1938 Death is said to have occurred on the date stated above, at 11:15 AM
 The principal cause of death and related causes of importance were as follows:
Arteriosclerosis
with cerebral thrombosis
82B
 Other contributory causes of importance:
Dehydration

Name of operation Date of
 What test confirmed diagnosis? 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?
 If so, specify D. F. De Maria, M. D.
 (Signed) S. H. C. Gen. Wash
 (Address) S. H. C. Gen. Wash

SEP 5 1947

STATEMENT BY LICENSED EMBALMER

I, Clarence W. Chiles, Licensed Embalmer No. 3473

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

No. 3473 or by _____ L. E. _____, Registered Apprentice No. 3473

working under my personal supervision.

Signed Clarence W. Chiles

Licensed Embalmer No. _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)