

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

Do not use this space.

REC'D JUL 22 1938

1. PLACE OF DEATH

County Jefferson

Registration District No. 4-10

Township Desoto

Primary Registration District No. 5

City Desoto (No. _____)

File No. 22181

Registered No. _____

St. _____ Ward _____

2. FULL NAME Blanche May Kidd

(a) Residence, No. R.R. no 2 St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 18 yrs. 18 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*) single

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 13-1899

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>44</u>	<u>3</u>	<u>3</u>	

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

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) Jefferson Co. Mo.

13. NAME G. A. Kidd

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson Co. Mo.

15. MAIDEN NAME Addie Johnson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson Co. Mo.

17. INFORMANT (ADDRESS) J. R. R. No. 2 - Desoto - Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cedar Hill DATE July 17 1938

19. UNDERTAKER (ADDRESS) Motherhead Desoto - Mo.

20. FILED _____ 19 _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16 1938

22. I HEREBY CERTIFY That I attended deceased from July 12 1938 to July 16 1938

I last saw her alive on July 16 1938 Death is said

to have occurred on the date stated above, at 4:45 P.M.

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

Perforation of the stomach - gastric ulcer

Date of onset

7/12/38

Other contributory causes of importance: None

Name of operation None 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) Walter E. Kimball, M. D.

_____ (Address) Desoto, Mo.



FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

92181

Do not use this space.

1. PLACE OF DEATH

(a) County Jefferson Registration District No. 422
 (b) Township Central Primary Registration District No. 53-77 Registered No.
 (c) City (d) Street No. 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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Blanche May Kidd
 (a) Residence, No. 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

3. SEX Female 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
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 19 - 1894
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
44 3 3

OCCUPATION

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) Jefferson Co. Mo.

FATHER

13. NAME G. A. Kidd
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson Co. Mo.

MOTHER

15. MAIDEN NAME Addie Johnson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson Co. Mo.

17. INFORMANT (ADDRESS) G. A. Kidd
R. R. # 2 Desoto Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cedar Hill DATE July 7 1938

19. FUNERAL DIRECTOR (ADDRESS) Mothershead
Desoto Mo.

20. FILE NO. 926 38 Coyman
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16 1938
 22. I HEREBY CERTIFY That I attended deceased from July 12 to July 16, 1938
 I last saw him alive on July 16, 1938. Death is said to have occurred on the date stated above, at 4:47 p.m.
 The principal cause of death and related causes of importance were as follows:
Perforation of the stomach
Gastric ulcer Date of onset
 Other contributory causes of importance:
 Name of operation none Date of
 What test confirmed diagnosis? clinical 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) Walter E. Brown, M. D.
 (Address) Desoto Mo.

