

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

1939 MAR 20 1939

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

8025
Do not use this space.

1. PLACE OF DEATH 2

(a) County Stone Registration District No. 846

(b) Township Hurley Primary Registration District No. 6283 Registered No. 4

(c) City Hurley (d) Street No. _____ St.

(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 3511 William Henry Kidd

(a) Residence, No. Hurley, Mo. 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 male 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 Nancy Kidd

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 1 - 1849

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
89	11	15		

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. retired farmer

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) Ohio

FATHER

13. NAME Joseph Kidd

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. Olive Lane
(ADDRESS) Bellings, Mo. R.#1

18. BURIAL, CREMATION, OR REMOVAL
PLACE Masonic cem. DATE Feb. 18 - 1939

19. FUNERAL DIRECTOR Crane, Mo. 2600 Maple
(ADDRESS) Clever, Mo.

20. FILED 3-10-39 H. G. Dunbar
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 16 - 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 8 - 1935 to Feb. 16 - 1939.
Last saw him alive on Feb 16 - 1939. Death is said to have occurred on the date stated above, at 5 - P. m.
The principal cause of death and related causes of importance were as follows:
Cardio-Vascular-Renal disease Date of onset 1934

Other contributory causes of importance: Senility

Name of operation none Date of _____
What test confirmed diagnosis? Cluised 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) H. L. Kerr, M. D.
(Address) Crane mo.

RECEIVED

District Health Officer No. 6,

District File Number

6-39-62-0

Date Filed

MAR 14 1939

STATEMENT BY LICENSED EMBALMER

I, J. H. Maples, Licensed Embalmer No. _____

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

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

J. H. Maples

Licensed Embalmer No.

2985-

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.)