

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

791
1003

8168
Do not use this space.

1933

1. PLACE OF DEATH

(a) County Registration District No.
 (b) Township Primary Registration District No.
 (c) City ~~Manchester~~ (d) Street No. 3235 Tennyson Sq. 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

^{3rd} Annie Kidd

(a) Residence, No. 3235 Tennyson Sq. St. 3
 (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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robert N. Kidd

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 15, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 4 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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 Bumgardner

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Lorene McBee
3235 Tennyson Sq.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ironton, Mo. DATE March 2, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Jay B. Smith
7456 Manchester

20. FILED MAR 1 1939 J. B. Butler
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 27, 1939 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 12 1939 to Feb 27 1939
 I last saw him alive on Feb 27 1939 Death is said to have occurred on the date stated above, at 8:45 P.

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

Arteriosclerosis Date of onset
828
 Other contributory causes of importance:
hypertension, caused by arterial sclerosis

Name of operation none Date of
 What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury 19.....
 Where did injury occur? none (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none
 Nature of injury none

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify. no
 (Signed) M. E. Shelt M. D.
 (Address) 14300 Manchester

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. 4029

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.