

Every health official should be certain to verify the cause of death in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 24 1939

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

Do not use this space.

25391

1. PLACE OF DEATH

County Clay Registration District No. 198
 Township Licking River Primary Registration District No. 2011
 City Clair Springs (No. 300) St. _____ Ward _____

File No. _____
 Registered No. 110

2. FULL NAME James Kidd

(a) Residence, No. Altos Hotel St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Helday Kidd</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 12-1866</u>				
7. AGE	YEARS <u>73</u>	MONTHS <u>2</u>	DAYS <u>10</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Taylor</u>			
	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) <u>Jan. 1, 1938</u>		11. Total time (years) spent in this occupation <u>30 yrs</u>	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Carroll Nevada</u>			
	13. NAME <u>John T. Kidd</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Mass</u>			
MOTHER	15. MAIDEN NAME <u>Mary Cunningham</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Mass</u>			
17. INFORMANT <u>Francis M. Kidd</u> (ADDRESS) <u>3407 W. Main St. Dora</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Warrington</u> DATE <u>Aug 24 1939</u>				
19. UNDERTAKER (ADDRESS) <u>Herbert Hope</u> <u>Clair Springs, Mo.</u>				
20. FILED <u>Aug 25 1939</u> <u>Med. Rec. McCree</u> Registrar.				

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-22 1939

22. I HEREBY CERTIFY That I attended deceased from 10-4 1931 to 8-21 1939
 I last saw him alive on 8-21 1938, 1938 Death is said to have occurred on the date stated above, at 7 1/2 m.
 The principal cause of death and related causes of importance were as follows:
Chronic myocarditis
 Date of onset _____

Other contributory causes of importance:
Chronic Arteriosclerosis
Stroke

Name of operation _____ Date of _____
 What test confirmed diagnosis? Cholesterol 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) E. J. Boyd M. D.
 (Address) Clair Springs

RECEIVED FILED STATE OFFICE
INDEX CARD RETURNED TO DISTRICT
DATE 8/24/32