

DEC 28 1936

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

Do not use this space.

41042

## 1. PLACE OF DEATH

County..... Henry  
Township..... Windsor  
City..... (No. ...., ..... St. .... Ward)

Registration District No. 14  
Primary Registration District No. 4211

File No. ....  
Registered No. 34  
St. .... Ward)

2. FULL NAME Henry Clay Kidd

(a) Residence, No. .... St., ..... Ward. ....  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Matilda Finks Kidd  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 30, 1853  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
83 4 16

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
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) Calhoun  
(STATE OR COUNTRY) Missouri

MOTHER FATHER  
13. NAME Daniel Kidd

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

15. MAIDEN NAME George Ann Avery

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

17. INFORMANT Mrs. Gussie Shockley  
(ADDRESS) Windsor Missouri

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Windsor, Mo. DATE Nov. 18th 1936

19. UNDERTAKER Huston Turner  
(ADDRESS) Windsor, Missouri

20. FILED Nov 18 1936 J. J. Jennings  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 16, 1936, to Nov 16, 1936.

I last saw him alive on Nov 15, 1936. Death is said to have occurred on the date stated above, at 5:00 P. M.

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

Cerebral hemorrhage  
complete paralysis  
of both legs and left  
arm & right face.

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... 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? no  
If so, specify .....

(Signed) J. J. Jennings, M. D.  
(Address) Windsor Mo.

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.

