

DEC 17 1937

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

41369

## 1. PLACE OF DEATH

County Harrison  
 Township White Oak  
 City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 340  
 Primary Registration District No. 0476

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Fannie Ethel Kidwell

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)

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. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>m</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF - <u>Ea Kidwell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 21 1886</u>		
7. AGE YEARS <u>51</u>	MONTHS <u>7</u>	DAYS <u>7</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
 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) Harrison Co  
 (STATE OR COUNTRY) mo

13. NAME John Lambert  
 14. BIRTHPLACE (CITY OR TOWN) West Virginia  
 (STATE OR COUNTRY)

15. MAIDEN NAME Emma Spitzer  
 16. BIRTHPLACE (CITY OR TOWN) West Virginia  
 (STATE OR COUNTRY)

17. INFORMANT Ea Kidwell  
 (ADDRESS) Summerton mo

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Kidwell DATE Nov 24 1937

19. UNDERTAKER W H Noble  
 (ADDRESS) Newt Hampton mo

20. FILED Dec 9 1937 J. W. Schan  
 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 21, 19 37

22. I HEREBY CERTIFY, That I attended deceased from Nov 16, 1937, to Nov 21, 1937.  
 I last saw h. e. alive on Nov 21, 1937 Death is said to have occurred on the date stated above, at 6 a.m.

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

Chronic arteriosclerosis  
bronchitis & emphysema  
hypertension  
 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_

(Signed) C. O'Brien, M. D.  
 (Address) Newt Hampton mo

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.

