

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

Do not use this space.

~~20378~~ 20378
File No. _____
Registered No. 54
St. _____ Ward _____

1. PLACE OF DEATH

County Ray
Township Richmond
City Henrietta

Registration District No. 744
Primary Registration District No. 3035

2. FULL NAME John Day Kiddoo

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-19-30 19
17. 12:00 A.M.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Ella Kiddoo (OR) WIFE OF

I HEREBY CERTIFY, That I attended deceased from May 19th 1930, 1930, to June 19th 1930, 1930, that I last saw h. im alive on June 19th 1930, 1930, and that death occurred, on the date stated above, at 12. Oc lock Noon

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 25, 1851

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Accute IndoCarditis

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, _____ hrs. or _____ min.
<u>79</u>	<u>3</u>	<u>24</u>		

880 747A
162 (duration) yrs. mos. 30 ds.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or Retired particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

CONTRIBUTORY Advanced Age. (SECONDARY) (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Ill.

18. WHERE WAS DISEASE CONTRACTED _____ IF NOT AT PLACE OF DEATH _____

10. NAME OF FATHER John Kiddoo

DID AN OPERATION PRECEDE DEATH. _____ DATE OF _____
WAS THERE AN AUTOPSY? no

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) PA.

WHAT TEST CONFIRMED DIAGNOSIS? Cardiac Pronounced Scream
(Signed) D. J. Smith, M. D.
, 19 _____ (Address) Henrietta, Missouri

12. MAIDEN NAME OF MOTHER Eliza Day
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Don't Know

14. Mrs Nettie Haever INFORMANT (Address) Henrietta Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Glendale Cem. Mommouth Ill. DATE OF BURIAL 6-22-30 19

15. 6-20 1930 E. C. Gay REGISTRAR

20. UNDER TAPE Richmond Mo. ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. DO NOT SIGN UNLESS YOU ARE A PHYSICIAN.

JUL 25 1930

PARENTS

