N. B.—Every item of information should be carefully copied. Exact statement of OCCUPATION is very important.
CAUSE OF DEATH in plain terms, so that it may be properly classified.

JUL 21 1932

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

Do not use this space.

18776

1. PLACE OF DEATH
County Buchanan Registration District No. ..... File No. .....
Township Washington Primary Registration District No. ..... Registered No. 612
City St Joseph (No. Missouri Meth Hosp Ward)

2. FULL NAME James William Nidy
(a) Residence, No. 801 So. 14th St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dora Margaret Nidy
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 19 1869
7. AGE YEARS 62 MONTHS 7 DAYS 3 If LESS than 1 day, ... hrs. or ..... min.

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

FATHER
13. NAME George Nidy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Yunknown Virginia

MOTHER
15. MAIDEN NAME Rebecca Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Mo

17. INFORMANT (ADDRESS) Basil A. Nidy Effingham Ks.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Sducett Mo DATE June 2 1932
19. UNDERTAKER (ADDRESS) E. R. Sidenfaden 602 So. 10th St.
20. FILED 6-23-32 19 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 22 1932
22. I HEREBY CERTIFY That I attended deceased from June 6 1932, to June 22, 1932
I last saw him alive on June 22, 1932. Death is said to have occurred on the date stated above, at 7:40 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia - Chr. Nephritis (Chr. Interstitial Nephritis)	
131	

Other contributory causes of importance:
Operation for Double Inguinal Hernia

Name of operation Bilateral Herniotomy Date of June 8 '32
What test confirmed diagnosis? N.P.N. 64 Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? (1) 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) Hyk Wallace, M. D.
(Address) 3 0 1 N 5 St Joseph Mo.