

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

Do not use this space.

26025

**1. PLACE OF DEATH**

47 County Henry Registration District No. 347  
Township Honey Creek Primary Registration District No. 5491  
City (No. ....) St. .... Ward

File No. ....  
Registered No. 75-

**2. FULL NAME**

William Henry Kidwiler  
(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 39 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 Nancy Kidwiler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 31 - 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
65 0 29

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) July 1931 11. Total time (years) spent in this occupation 55

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hardin Co Iowa

13. NAME Michael Kidwiler

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

15. MAIDEN NAME Susan Danbright

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

17. INFORMANT Chas Kidwiler (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Nichols Cem DATE Aug 21 1932

19. UNDERTAKER W. H. Smith (ADDRESS) Hinton Mo

20. FILED 8/22 1932 Ed C. Peeler Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 20 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-30-1931, 1931, to Aug 20, 1932

I last saw him alive on Aug 20, 1932 Death is said to have occurred on the date stated above, at 8:30 m.

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

Mitral insufficiency Date of onset 92A

Other contributory causes of importance: none

Name of operation none Date of none  
What test confirmed diagnosis? ECG 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) W. H. Smith, M. D.

(Address) Jerash

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

SEP 23 1932

