

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

Do not use this space.

35861

'JAN 16 1936'

1. PLACE OF DEATH

County Harrison Registration District No. 340
 Township Dallis Primary Registration District No. 5482
 City (No. _____) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME

Benn Franklin Kidwell

(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 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Laura Etta Kidwell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 12 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
80 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired Merchant
 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) Gentry Co Mo

13. NAME Perry Kidwell

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

15. MAIDEN NAME Rebecca Magee

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) East Troy

17. INFORMANT A. E. Kidwell
 (ADDRESS) New Hampton

18. BURIAL, CREMATION, OR REMOVAL PLACE Kidwell DATE Nov 30 1936

19. UNDERTAKER W. S. Noble
 (ADDRESS) New Hampton Mo

20. FILED Jan 16 1936 J. Wilson
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 28 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1935 to Dec 28, 1935.
 I last saw him alive on Nov 28, 1935. Death is said

to have occurred on the date stated above, at 4 p.m.
 The principal cause of death and related causes of importance were as follows:

urine Poisoning + Hardened arteries

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____

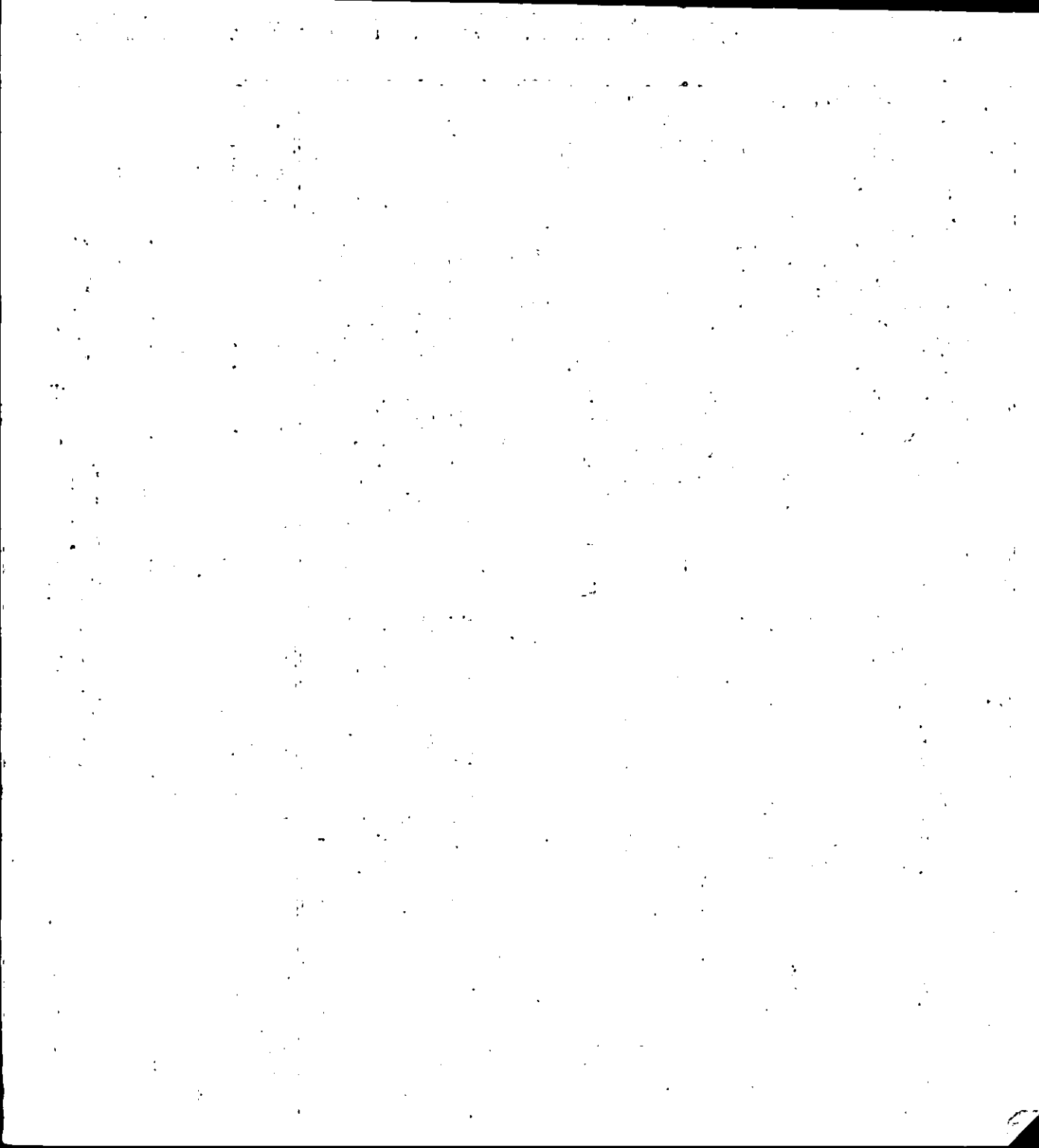
Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____

(Signed) E. J. [Signature], M. D.
 (Address) New Hampton Mo

N. B. - 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.



S-35861