

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

Do not use this space.

7064-a

**1. PLACE OF DEATH**

County Wright  
Township Montgomery  
City (No. ....) St. .... Ward)

Registration District No. 911  
Primary Registration District No. 6227

File No. ....  
Registered No. ....

**2. FULL NAME** Edna Geraldine Kirckloe

(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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ( <i>write the word</i> )		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>6-20-1923</u>				
7. AGE	YEARS <u>3</u>	MONTHS <u>7</u>	DAYS <u>22</u>	IF LESS than 1 day, .... hrs. or .... min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) Wright Co  
(STATE OR COUNTRY) Mo

13. NAME Jesse F. Kirckloe

14. BIRTHPLACE (CITY OR TOWN) Wright Co  
(STATE OR COUNTRY) Mo

15. MAIDEN NAME Mollie Radford

16. BIRTHPLACE (CITY OR TOWN) Wright Co  
(STATE OR COUNTRY) Mo

17. INFORMANT Jesse F. Kirckloe  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Green Mountain DATE Feb. 14 1927

19. UNDERTAKER Walter Wade  
(ADDRESS) manes Mo

20. FILED 4-11-1927 Miss B. R. Johnson  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-12, 1927

22. I HEREBY CERTIFY, That I attended deceased from Feb-10-, 1927, to Feb-12, 1927

I last saw her alive on Feb-11, 1927. Death is said to have occurred on the date stated above, at 1. A. M.

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

Double Pneumonia

Date of onset

108  
108

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) J. F. Reddick, M. D.  
(Address) Hartsville Mo

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.

