1927

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

Do not use this space.

9363

1. PLACE OF DEATH

County St Clair — Registration District No. 765 — File No.

Township Osceola — Primary Registration District No. 4460 — Registered No. 7

City Osceola (No. ..... St. ..... Ward)

2. FULL NAME Edgar Winfield Kirk

(a) Residence. No. Osceola Mo St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 2 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): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF (don't know) Kirk

6. DATE OF BIRTH (MONTH, DAY AND YEAR) don't know

7. AGE: Years 85 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

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

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

PARENTS

10. NAME OF FATHER W H Kirk

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

12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) unknown

14. INFORMANT W R Kirk
(Address) RFD Osceola Mo

15. FILED 5/1, 1927 R Sellers
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mch 27 1927

17. I HEREBY CERTIFY, That I attended deceased from Feb. 28 —, 1927, to March 16 —, 1927, that I last saw him alive on March 16 —, 1927, and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
123D General Exhaustion
162A Senile Paralytic Condition
of bowels,
(duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 1929
(duration) yrs. mos. ds.

18. WHERE DID DISEASE CONTRACTED? St Clair Co.
IF NOT AT PLACE OF DEATH?

O DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) C E Ward M. D
, 19 (Address) Osceola

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Osceola Cem — DATE OF BURIAL 4/29 1927

20. UNDERTAKER C A Hull — ADDRESS Osceola 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.