

JUL 29 1927

B

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

Do not use this space.

17455

1. PLACE OF DEATH

County Andrew
Township Union
City Union (No.)

Registration District No. 912
Primary Registration District No. 6232A

File No.
Registered No. 34 St. Ward)

2. FULL NAME

Julia A. Kirby

(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo Kirby

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10-8-1837

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ___ hrs. or ___ min.
89 | 8 | 28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housekeeping
(b) General nature of industry, business, or establishment in which employed (or employer) George Kirby
(c) Name of employer

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

PARENTS

10. NAME OF FATHER W B Brown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't know
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Elizabeth Jones

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know
(STATE OR COUNTRY)

14. INFORMANT Geo Kirby
(Address) Vandalia Mo

15. FILED 6/4, 1927 Mollie Fugue
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-3 1927

17. I HEREBY CERTIFY That I attended deceased from May 28, 1927 to June 3, 1927
that I last saw her alive on May 28, 1927, and that death occurred, on the date stated above, at 2:30 P M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho Pneumonia
107A
162 (duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED 107A
IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH. DATE OF
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) N. H. Sacco, M. D.
6/4, 1927 (Address) Vandalia Mo

*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 Kirby Mo DATE OF BURIAL 6-4 1927
ADDRESS

20. UNDERTAKER W S Waters Vandalia Mo

every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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