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.

30 1928

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

Do not use this space.

11990

1. PLACE OF DEATH
County: Texas — Registration District No. 868 — File No.
Township: Shawnee — Primary Registration District No. 6149 — Registered No. 6
City ..... (No. ..... St. ..... Ward)

2. FULL NAME: James Alfred Kirk
(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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov 15 1904

7. AGE: Years 23 — Months 4 — Days 11 — 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): Maples
(STATE OR COUNTRY): Mo

PARENTS
10. NAME OF FATHER: John Kirk
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Tenn
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Mahaley Floyd
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Maples
(STATE OR COUNTRY): Mo

14. INFORMANT: John Kirk
(Address): Maples Mo

15. FILED Mar 26 1928 — W. R. Reid, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

9

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mar 26 1928

17. I HEREBY CERTIFY, That I attended deceased from Mar 23, 1928, to Mar 26, 1928 that I last saw him alive on Mar 25, 1928, and that death occurred, on the date stated above, at 2 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia Labor Double
11A
1AR
11A
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Flue
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) Leslie Randall, M. D
3-26, 1928 (Address) Licking 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: Concord Cemetery — DATE OF BURIAL: Mar 27 1928

20. UNDERTAKER: Licking Hdw Co — ADDRESS: Licking Mo