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.

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

Do not use this space.

17227

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kan — Primary Registration District No. 1002 — Registered No. 1[illegible]
City K. C. Mo — No. Mercy Hosp — St. — Ward)

2. FULL NAME Audry Jene New Kirk
(a) Residence. No. Harlem Mo 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 Wh
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) Feb 10-1928
7. AGE Years 0 Months 3 Days 7 If LESS than 1 day, ___ hrs. or ___ min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) N K C.
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Harold New Kirk
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Betty Thurston
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo
(STATE OR COUNTRY)

14. INFORMANT Harold New Kirk
(Address) Harlem Mo

15. FILED 5/18, 1928 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 17 1928
17. I HEREBY CERTIFY, That I attended deceased from May 10, 1928, to May 17, 1928, that I last saw her alive on May 14, 1928, and that death occurred, on the date stated above, at 12 a m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho pneumonia
100 A 107 A 99 A
(duration) yrs. mos. 5 ds.
CONTRIBUTORY (SECONDARY) Otitis media
(duration) yrs. mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? at home.
DID AN OPERATION PRECEDE DEATH? no. DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Observation
(Signed) Charles J Eldridge, M. D
May 18, 1928 (Address) 711 Lathrop Bldg.

*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 Forest Kansas City — DATE OF BURIAL May 18 1928
German Cem. Mo
20. UNDERTAKER Rose & Co — ADDRESS 15th Jackson

J. L. Eldridge
2803 Benton

W 4731 —
5201 Highland
5201 st Highland