

SEP 25 1928

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

Hairston
Do not use this space.

27021

1. PLACE OF DEATH
County Greene Registration District No. 318
Township _____ Primary Registration District No. _____
City Springfield (No. 272 Chicago ave) St. _____ Ward _____
Registered No. 599

2. FULL NAME Erwin Kirk
(a) Residence. No. 272 Chicago ave 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED Child
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY AND YEAR) May-19-1927
7. AGE YEARS MONTHS Days If LESS than 1 day, hrs. or min.
1 3 3
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) (STATE OR COUNTRY) Missouri
10. NAME OF FATHER Virgil Kirk
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Alice M. Hammond
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

14. INFORMANT Virgil Kirk
(Address) Springfield Mo
15. 8/23/28 OC Horst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-22, 1928
17. I HEREBY CERTIFY That I attended deceased from June 26, 1928, to Aug 22, 1928
that I last saw him alive on Aug 20, 1928, and that death occurred, on the date stated above, at 10:40 P.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lues
34 38
(duration) _____ yrs. _____ mos. _____ da.
CONTRIBUTORY (SECONDARY) _____
(duration) _____ yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH... Hereditary
DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Wasserman
(Signed) W. R. Harman, M. D.
2-23, 1928 (Address) Springfield Mo
*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
East Lawn Cemetery aug 23 1928
20. UNDERTAKER ADDRESS
J. W. Klingensco Springfield Mo

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.

