

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

Do not use this space.

2347

1. PLACE OF DEATH

County Linn Registration District No. 502 File No. \_\_\_\_\_  
Township \_\_\_\_\_ Primary Registration District No. 4305 Registered No. 6  
City Marceline (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

James Buford Kirtner  
(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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) : July 17 1927  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min. : 1 5 27  
8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work \_\_\_\_\_  
(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)

Chariton Co Mo

10. NAME OF FATHER

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

Clyde Kirtner Chariton Co Mo

12. MAIDEN NAME OF MOTHER

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

Ruby M Miller Marceline Mo

14.

INFORMANT (Address)

Mrs Jas McMillan Marceline Mo

15.

FILED

1/25 1929 Ola Putman

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) : Jan 14 1929  
17. I HEREBY CERTIFY That I attended deceased from Oct 2, 1928 to Jan 14, 1929 that I last saw h. live alive on Jan 15, 1929 and that death occurred, on the date stated above, at 3:30 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Arterio Sclerosis 1074  
(duration) yrs. 3 mos. da.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) H. M. Pater M. D.

15, 1929 (Address) Marceline 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

DATE OF BURIAL

Mt Olive Jan 15 1929

20. UNDERTAKER

ADDRESS

Jas McLaughlin Marceline Mo

N. B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified.





S-2347