

WRITE PLAINLY, WITH OMPACTING INFORMATION IS AN IMPROVEMENT RECORD

JUL 25 1929 5:06 PM
K. 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.

21223

1. PLACE OF DEATH

County Greene Registration District No. 318
Towship _____ Primary Registration District No. 2001
City Springfield (No. 619 E. Walnut)
St. _____ Ward _____

File No. _____
Registered No. 479
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 619 E Walnut 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dr. E. L. Evans

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 12 1876

7. AGE 52 YEARS MONTHS 9 DAYS 11 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Narrison Ark
(STATE OR COUNTRY)

10. NAME OF FATHER Leonidas Kirby

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

12. MAIDEN NAME OF MOTHER Virginia Bump

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Belford Va, Virginia
(STATE OR COUNTRY)

14. INFORMANT U. S. Camp
(Address)

15. FILED 6-24-29 Gas Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 23, 1929

17. I HEREBY CERTIFY, That I attended deceased from June 21 1929, to June 23 1929, and that I last saw her alive on June 23, 1929, and that death occurred, on the date stated above, at 12-20 1929

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral apoplexy
82.1
70 (duration) yrs. mos. da. 3
CONTRIBUTORY none
(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) E. B. Roseberry, M. D.

(Address) June 23 1929

*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 _____

Magelwood Cem June 24 1929

20. UNDERTAKER _____ ADDRESS _____

Widman & Son's Spfg. Co.

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