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

Do not use this space.

30664

1. PLACE OF DEATH
County: Howard — Registration District No.: 378 — File No.:
Township: — Primary Registration District No.: 4222 — Registered No.: 67
City: Fayette (No. ..... St. ..... Ward)

2. FULL NAME: William Bench Kirby
(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred ..... yrs. ..... mos. 4 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs Mattie B. Kirby

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb 16-1874

7. AGE: 55 YEARS — MONTHS: 7 — DAYS: 5 — 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): Howard Co
(STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: Asa J. Kirby
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Howard
(STATE OR COUNTRY): Missouri
12. MAIDEN NAME OF MOTHER: Polly Payne
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Ken.

14. INFORMANT: Elmo Kirby
(Address): Armstrong Mo

15. FILED: Oct 1, 1929 V. O. Bonham, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sep. 20 1929

17. I HEREBY CERTIFY, That I attended deceased from 9-17, 1929, to 9-20, 1929, that I last saw him alive on 9-20, 1929, and that death occurred, on the date stated above, at 5.30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diabetic Coma
59
131
(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (SECONDARY): Chronic Nephritis
(duration) ..... yrs. 3 mos. ..... ds.

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? Laboratory findings
(Signed) Wm. J. Shaw, M. D
, 19 (Address) Fayette, 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: Armstrong Mo — DATE OF BURIAL: Sept 22 1929

20. UNDERTAKER: A H Oldaker — ADDRESS: Armstrong Mo

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.