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

Do not use this space.

36913

1. PLACE OF DEATH

County Greene — Registration District No. Dr. Wilbur Smith, Dr. Robt. Glynn 318 — File No.

Township — Primary Registration District No. 2001 — Registered No. 860

City Springfield (No. Springfield Bobbs Hospital St. Ward)

2. FULL NAME Oliver Kirkley

(a) Residence. No. Day Mo. St., Ward (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: m
4. COLOR OR RACE: w
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: single

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec. 10-1911

7. AGE: Years 17 | Months 11 | Days 14 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: student
(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): Mo.

PARENTS
10. NAME OF FATHER: Wm. Kirkley
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: Belle Stewart
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mo.

14. INFORMANT: Wm. Kirkley
(Address) Day Mo.

15. FILED 11-26, 1924 Lon Sharp REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 11-24 1929

17. I HEREBY CERTIFY, That I attended deceased from 11-17, 1929, to 11-24, 1929, that I last saw him alive on 11-24, 1929, and that death occurred, on the date stated above, at 6 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Gen'l Peritonitis

121A

129

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (SECONDARY): Ruptured, gangrenous appendix

(duration) yrs. mos. 18 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Day Mo.
DID AN OPERATION PRECEDE DEATH? yes DATE OF 11-17-29
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Wilbur Smith, M. D.
11/25, 1929 (Address) Springfield 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: Oak Ridge — DATE OF BURIAL: 11/26 1929

20. UNDERTAKER: W. Farrar — ADDRESS: Walnut Park St.

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.

Nov 19 1929

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