

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Law
City N. C. Mo.

Registration District No. 399

Primary Registration District No. 1002

File No. 13471
Registered No. 339
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 524 Indiana St., 9 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr-17-1835

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
94 9 6

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Berlin
(STATE OR COUNTRY) Germany

10. NAME OF FATHER No record

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) No record

12. MAIDEN NAME OF MOTHER record

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) No record

14. INFORMANT J. W. Thorne
(Address) 2632 Prospect

15. FILED 1/14, 19 30 M. M. C. B. C. REGISTRAR arr

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan-23-1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 19-30, 1930, to Jan 23, 1930, that I last saw him alive on Jan 23, 1930, and that death occurred, on the date stated above, at 9:50 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Senility

CONTRIBUTORY (SECONDARY)

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) R. H. Kirk, M. D.

124, 1930 (Address) 4050 Main St.

*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 not Washington DATE OF BURIAL Jan 27 1930

20. UNDERTAKER Mrs. C. L. Foster ADDRESS N. C. 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.

