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

Do not use this space. 7405 ~~7538~~

1. PLACE OF DEATH
County Stoddard — Registration District No. 837 — File No.
Township Castor — Primary Registration District No. 6099 — Registered No.
City (No. St. Ward)

2. FULL NAME Grace A. 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 12-24-1884

7. AGE: YEARS 45 — MONTHS 1 — DAYS 9 — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House Wife
(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): Indiana

PARENTS
10. NAME OF FATHER: E. N. Fucker
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Indiana
12. MAIDEN NAME OF MOTHER: Matilda Funnell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Indiana

14. INFORMANT: ada Meinz
(Address) Bloomfield Mo.

15. FILED Feb 5, 1930 Edw Ford REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb. 2, 1930

17. I HEREBY CERTIFY, That I attended deceased from 12 16th, 1930 to Feb 2, 1930 that I last saw her alive on Jan 24, 1930 and that death occurred, on the date stated above, at 9.30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Hepatitis
1248 / 1248
(duration) yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY): unknown
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH at place of death.
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Edward Ford, M. D.
, 19 (Address) Bloomfield 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: Walker Cemetery — DATE OF BURIAL: 2/3 1930

20. UNDERTAKER: J. A. Philet — ADDRESS: Bloomfield

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.