MAY 26 1930

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

Do not use this space.

8336

1. PLACE OF DEATH
County Greene, Registration District No. 316
Township Boone, Primary Registration District No. 5435
City ..... (No. ..... St. ..... Ward)

File No. .....
Registered No. 73

2. FULL NAME William Henry Kirk,
(a) Residence. No. ..... 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. ~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~ (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8/29/1864

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	65	6	12	

8. OCCUPATION OF DECEASED Farmer,
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Webster County, Mo.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Jesse B. Kirk,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Martha E. Kirk,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Barry Co. (?) Mo.
(STATE OR COUNTRY)

14. INFORMANT Mrs. Rosie Kirk,
(Address) Ash Grove, Mo.

15. FILED 5/5, 1930 Dr Charles H Orr
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/11/1930 19

17. I HEREBY CERTIFY, That I attended deceased from Jan, 1930, to March, 1930, that I last saw him alive on March 14, 1930, and that death occurred, on the date stated above, at 2:00 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic degenerative Endo-Carditis.

Gr about (duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... 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? Clinical
(Signed) Charles H McHaffie, M. D.
3-12-1930. (Address) Ash Grove, 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	DATE OF BURIAL
Kelly Cemetery,	3/12/30 19

20. UNDERTAKER	ADDRESS
A. Galbraith, Ash Grove, Mo.	

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.