MAY 27 1930

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

Do not use this space.

13253

1. PLACE OF DEATH
County Livingston — Registration District No. 5-11 — File No. 5
Township Fairview — Primary Registration District No. 5680 — Registered No. 5
City ~~Avalon Mo~~ (No. ..... St. ..... Ward)

2. FULL NAME Walter Lee Zirkle
(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 35 yrs. 4 mos. 25 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): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widowed
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov 17, 1894
7. AGE: Years 35 — Months 4 — Days 25 — If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Mechanic
(b) General nature of industry, business, or establishment in which employed (or employer): Garage
(c) Name of employer: Self Employed
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Avalon Mo
PARENTS
10. NAME OF FATHER: Kaper Zirkle
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ohio
12. MAIDEN NAME OF MOTHER: Tesra Barkshire
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Carrollton Mo
14. INFORMANT: Kaper Zirkle (Address) Avalon Mo
15. FILED Apr 12, 1930 Mrs Chas. Ludwig REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Apr 12 1930
17. I HEREBY CERTIFY, That I attended deceased from Mar 16, 1930, to Apr 12, 1930 that I last saw him alive on Apr 11, 1930, and that death occurred, on the date stated above, at 10 a.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS: Interstitial Nephritis
(duration) 1 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? ..... DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) O. R. Edmonds, M. D
4/13, 1930 (Address) Tina, 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: Blue Mound — DATE OF BURIAL: 4/13/1930
20. UNDERTAKER: W. A. Farabee — ADDRESS: Tina 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.