

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

Do not use this space.

File No. **24726**
Registered No. **6885**

1. PLACE OF DEATH

County..... Registration District No. **701**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **City Hospital #1**) St. Ward)

2. FULL NAME

(a) Residence. No. **1444 Levee** St. **A** 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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Married**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Dec 29 1870**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
59 6 13

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. **Laborer Day**
(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) **England**
10. NAME OF FATHER **Matthew Kirk**
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **England**
12. MAIDEN NAME OF MOTHER **Mary Dawson**
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **England**

14. INFORMANT **Mrs Ellen Kirk**
(Address) **1444 Levee**

15. FILED **JUL 11 1930** REGISTRAR **Wm C. ...**

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **July 12 1930**

17. **No Physician in attendance**
I HEREBY CERTIFY, That I attended deceased from

that I last saw h..... alive on..... 19..... and that death occurred, on the date stated above, at **8:00 a.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

191
Heat Prostration
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) **194**
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED **305**
IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? DATE OF.....

20. WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) **J. J. Hurley** M.D.

7/14 1930 (Address) **Deputy Coroner**

*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 **babary** DATE OF BURIAL **7-15 1930**

20. UNDERTAKER **Arthur J. Donnelly** ADDRESS **2039 Wash 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.

MISSOURI STATE BOARD OF HEALTH—THIS IS A PERMANENT RECORD

