NOV 21 1930

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

85

Do not use this space.

32161

1. PLACE OF DEATH
County Buchanan — Registration District No. 1001 — File No.
Township — Primary Registration District No. — Registered No. 1141
City St. Joseph (No. 813 E. Hyde Park Ave. St. Ward)

2. FULL NAME Ruby May Kirk.
(a) Residence. No. 813 East Hyde Park Ave. 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)
Female	White.	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 10, 1892.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	5	7	

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

9. BIRTHPLACE (CITY OR TOWN) St. Joseph,
(STATE OR COUNTRY) Missouri.

PARENTS
10. NAME OF FATHER Lemuel Howell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ----------
(STATE OR COUNTRY) Indiana.
12. MAIDEN NAME OF MOTHER Mary E. Roney,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Leavenworth,
(STATE OR COUNTRY) Kansas.

14. INFORMANT Mrs. Mary E. Howell,
(Address 813 E. Hyde Park Av., St. Joseph, Mo.

15. FILED OCT 18 1930, 19 — John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 17 1930

17. I HEREBY CERTIFY, That I attended deceased from 10/15, 1930, to 10/17, 1930, that I last saw h alive on 10/17, 1930, and that death occurred, on the date stated above, at Unknown m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Ca of cervix 2 months (Hist. statement)
120
Mi E
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Hypertension
Nephritis (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH At above No.
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical
(Signed) Benj B Thomas, M.D.
10/18, 1930 (Address) St. Joseph 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 King Hill Cem — DATE OF BURIAL Oct 20 1930
20. UNDERTAKER Fred D. Clark — ADDRESS 5025 S. 4th Av.

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.