

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

Do not use this space.

34647

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City St. Louis Mo (No. City Hosp #2) St. Ward)
 File No.
 Registered No. **10030**

2. FULL NAME

James Kirkland
 (a) Residence. No. 4201 W. Maffett St. 11 Ward. (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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE Celoid 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single.

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-18-1930

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

17. I HEREBY CERTIFY, That I attended deceased from 10-18-1930, to 10-18-1930, that I last saw him alive on 10-15-1930, and that death occurred, on the date stated above, at 7:25 A. M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 6 - 1916

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
14 2 12

mitral Regurgitation
 (duration) yrs. 6 mos. ds.

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

CONTRIBUTORY (SECONDARY) UNKNOWN
 (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) St Louis
 (STATE OR COUNTRY) Mo.

18. WHERE WAS DISEASE CONTRACTED?
 NOT AT PLACE OF DEATH. UNKNOWN

10. NAME OF FATHER Rodgers Kirkland

DID AN OPERATION PRECEDE DEATH? NO. DATE OF
 WAS THERE AN AUTOPSY? NO

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Greenwood
 (STATE OR COUNTRY) Miss.

WHAT TEST CONFIRMED DIAGNOSIS? Edigital
 (Signed) Henry C. Layton, M. D.

12. MAIDEN NAME OF MOTHER Laura Bradford

10-14-1930 (Address) City Hosp. #2

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) 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.

14. INFORMANT Laura Gray
 (Address) 4201 W. Maffett

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Greenwood DATE OF BURIAL 10/22/30

15. FILED 22 1930 Marb Starroff REGISTRAR

20. UNDERTAKER Manuel Undertaking Co. ADDRESS 7809 Finney

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

