

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.

DEC 22 1930

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

Do not use this space.

35926

1. PLACE OF DEATH
 County Greene Registration District No. 330
 Township Primary Registration District No. 3017
 City Trenton (No.) St. Word

2. FULL NAME Edith Florence Kirk
 (a) Residence. No. Greene St. Word

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 3 - 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 | 5 | 14 | = min.

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)

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

PARENTS

10. NAME OF FATHER H. P. Devalland

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

12. MAIDEN NAME OF MOTHER Betty McPherson

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

14. INFORMANT Chas E Kirk
 (Address) Trenton, Mo

15. FILED Nov 20 30 E. A. Duffly
 REGISTRAR

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

17. I HEREBY CERTIFY, That I attended deceased from Nov 18, 1930, to Nov 18, 1930 that I last saw h.w. alive on Nov 18, 1930, and that death occurred, on the date stated above, at 12.30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral hemorrhage
82A

CONTRIBUTORY (SECONDARY) 74001
 (duration) yrs. mos. ds.

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

0 DID AN OPERATION PRECEDE DEATH. no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none
 (Signed) Geo Belste, M. D.
Nov 19, 1930 (Address) Trenton 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 Maple Grove DATE OF BURIAL Nov 19 1930

20. UNDERTAKER W. J. ... ADDRESS Trenton Mo.

