

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

40448

Do not use this space.

**1. PLACE OF DEATH**

County Ray  
Township Orwick  
City (No. \_\_\_\_\_) \_\_\_\_\_ St. \_\_\_\_\_ (Ward)

Registration District No. 743  
Primary Registration District No. 5978

File No. \_\_\_\_\_  
Registered No. 31

**2. FULL NAME**

John Letcher Kirkpatrick  
(a) Residence (Usual place of abode) No. Orwick, Mo. St. \_\_\_\_\_ Ward. \_\_\_\_\_

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 Ada Stauffer Kirkpatrick

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 8 1857

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>73</u>	<u>4</u>	<u>9</u>	

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

9. BIRTHPLACE (CITY OR TOWN) Rockbridge Co.  
(STATE OR COUNTRY) Virginia

10. NAME OF FATHER Charles Boyd Kirkpatrick

11. BIRTHPLACE OF FATHER (CITY OR TOWN) don't know  
(STATE OR COUNTRY) \_\_\_\_\_

12. MAIDEN NAME OF MOTHER Isabelle Kern

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Virginia

14. INFORMANT Mrs. W. S. Kirkpatrick  
(Address) Orwick, Mo.

15. FILED Dec 10 1930 L. E. Ellis  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 9 1930

17. HEREBY CERTIFY, That I attended deceased from Dec 1, 1930, to Dec 9, 1930, that I last saw him alive on Dec 9, 1930, and that death occurred, on the date stated above, at 11:40 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Chronic Myocarditis  
930  
1200 (duration) 3 or 4 mo yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) Enterocolitis  
(duration) several yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED 9000  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
(Signed) L. E. Ellis, M. D.

Dec 10, 1930 (Address) Orwick 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 South Point DATE OF BURIAL Dec 11 1930

20. UNDERTAKER C. V. Gibson ADDRESS Orwick MO

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.

