

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

Do not use this space.

9461
/

1. PLACE OF DEATH

County Gasconade
Township Benbow
City (No. _____) _____

Registration District No. 308
Primary Registration District No. 3429

File No. _____
Registered No. 1 St. _____ Ward _____

2. FULL NAME

Valentine's Kirkhead

(a) Residence, No. _____ 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 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 Frankie Kirkhead

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 17, 1852

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	78	3	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen Gen work

10. Date deceased last worked at this occupation (month and year) Mar 18, 1931 11. Total time (years) spent in this occupation 78 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Red Bird, Mo.

13. NAME John Kirkhead

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Uniontown, Mo.

15. MAIDEN NAME Julenia Davault

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Wife J. T. Kirkhead, Lake Grove, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove DATE Mar 22, 1931

19. UNDERTAKER (ADDRESS) W. E. Licklider, St. James, Mo.

20. FILED Mar 21, 1931 M. E. Spurgeon, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 20, 1931

22. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1931, to Mar 20, 1931

I last saw him alive on Mar 20, 1931. Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

Acute Valvular of the heart Date of onset Mar 20, 1931

Other contributory causes of importance: Chronic Rheumatism 15 yrs

Name of operation _____ Date of _____

What test confirmed diagnosis? Medical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____ (Signed) M. E. Spurgeon, M. D.

(Address) Red Bird, Mo.

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

APR 21 1931

