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.

PRINT OR WRITE WITH BLACK INK—THIS IS A PERMANENT RECORD

APR 7 1931

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

Do not use this space.

File No. 12909

Registered No. 6

1. PLACE OF DEATH
County: Texas
Township: Bundine
City: Cabool (No. ..... St. ..... Ward)
Registration District No. 862
Primary Registration District No. 6135

2. FULL NAME: John Wesley Kirkland
(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 20 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~~: Susan Kirkland
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 27, 1844
7. AGE: Years 86 Months 3 Days 24. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year): 1922
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill.

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): —

MOTHER
15. MAIDEN NAME: —
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): —

17. INFORMANT (ADDRESS): Mary Kirkland
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Cabool Cemetery DATE: March 22, 1931
19. UNDERTAKER (ADDRESS): Gaylord Elliott, Cabool
20. FILED: March 22, 1931 A. N. Wood, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 21, 19
22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1931, to March 20, 1931
I last saw him alive on March 20, 1931. Death is said to have occurred on the date stated above, at 6 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary TB,	
2 yr	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

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) J. P. Cavalier, M. D.
(Address) Cabool, Mo.