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

Do not use this space.

13571

1. PLACE OF DEATH
County Clinton — Registration District No. 204 — File No.
Township — Primary Registration District No. 3013 — Registered No. 26
City Cameron (No. ... St. ... Ward)

2. FULL NAME Billie Jean Kirkendoll
(a) Residence. No. ... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 14 1931

7. AGE — YEARS: ✓ — MONTHS: ✓ — DAYS: 24 — If LESS than 1 day, ... hrs. or ... min.

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

9. BIRTHPLACE (CITY OR TOWN) Cameron
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER J. S. Kirkendoll
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) DeKalb Co. Mo.
12. MAIDEN NAME OF MOTHER Bessie Whiteaker
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) DeKalb Co Mo.

14. INFORMANT J. S. Kirkendoll
(Address) Cameron Mo.

15. FILED 4/9 1931 Dr C H Risley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 8 1931

17. I HEREBY CERTIFY, That I attended deceased from April 8, 1931, to April 8, 1931 that I last saw her alive on April 8, 1931, and that death occurred, on the date stated above, at 5 50 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influenza
11B
(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (SECONDARY) 11B
(duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? (1)
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) M R Peters, M. D.
Ap/9, 1931 (Address) Cameron 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: Graceland Cemetery — DATE OF BURIAL: April 9 1931

20. UNDERTAKER: J. W Poland — ADDRESS: Cameron

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.

MAY 2 1 1931