

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

Do not use this space.

24269

1. PLACE OF DEATH
 County Buohanan Registration District No. 83
 Township St. Joseph Primary Registration District No. 1001
 City St. Joseph (No. Missouri Methodist Hospital) St. Ward

File No.
 Registered No. 753

2. FULL NAME Kittie Wirt
 (a) Residence, No. St. Ward. Dardanelle, Arkansas
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 0 yrs. 0 mos. 4 Hrs 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) July 29, 1931.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
19 11 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.
 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) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dardanelle Arkansas

FATHER 13. NAME Benjamin Wirt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

MOTHER 15. MAIDEN NAME Irene Mins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Arkansas

17. INFORMANT (ADDRESS) Mrs. J.S. Miller Redding, Iowa.

18. BURIAL, CREMATION, OR REMOVAL PLACE Russellville, Ark. DATE July 19th 1931

19. UNDERTAKER (ADDRESS) A. O. Siduladin 1802 Union Street

20. FILED July 16, 1931 John K. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15 19 31
 viewed on

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 .

I last saw h. alive on , 19 . Death is said to have occurred on the date stated above, at 2/15^{pm}.

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

Fractured Skull - caused by motor cycle on which was riding. Collided with auto at Redding Iowa. Not drunk or blinded by lights. Date of onset 7/15/31

Other contributory causes of importance: None

Name of operation None Date of

What test confirmed diagnosis History Was there an autopsy? Y

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide Accident Date of injury 7/15/31

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

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

Manner of injury Motor Cycle + Auto

Nature of injury Fractured Skull

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

If so, specify B. W. Tadlock - Coroners (Signed) 82 / Prairie (Address)

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.

AUG 24 1931

STATE OF MISSOURI, WITH UPWARDING INK—THIS IS A PERMANENT RECORD

