

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

Do not use this space.

25348

1. PLACE OF DEATH

County Jasper Registration District No. 405 File No. _____
 Township _____ Primary Registration District No. 4239 Registered No. _____
 City Alva (No. _____) St. _____ Ward _____

2. FULL NAME

Mary E. Kirk
 (a) Residence, No. Alva mo. St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Edw. S. Kirk</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr. 13-1850</u>		
7. AGE	YEARS <u>81</u>	MONTHS <u>3</u>
	DAYS <u>14</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Ret. Housewife</u>	
	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) <u>Indianapolis Ind.</u>		
FATHER	13. NAME <u>Wm. Brown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
17. INFORMANT (ADDRESS) <u>Pete Kirk Alva mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Fairview Cem.</u> DATE <u>7-29</u> 19 <u>31</u>		
19. UNDERTAKER (ADDRESS) <u>Wm. Drake Carterville mo.</u>		
20. FILED <u>7-31</u> 19 <u>31</u> <u>Effie Green</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July - 27 1931

22. I HEREBY CERTIFY That I attended deceased from 7-27 1931, to 7-27 1931
 I last saw her alive on 7-27 1931. Death is said to have occurred on the date stated above, at 5:45 a.m.
 The principal cause of death and related causes of importance were as follows:
Chronic endocarditis Date of onset 1930
928 94 W
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical as 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. L. Leggett, M. D.
 (Address) Webb City, mo.

WHITE PRINT, 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.

AUG 28 1931

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