

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

Do not use this space.

27359

1. PLACE OF DEATH

County Wayne Registration District No. 892
Township Black River Primary Registration District No. 619A
City (No. _____) St. _____ Ward _____

File No. _____
Registered No. 6

2. FULL NAME

James Henry Kirkpatrick
(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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jennie Kirkpatrick</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 7 1862</u>		
7. AGE <u>68</u>	YEARS	MONTHS <u>11</u>
		DAYS <u>10</u>
		11. Total time (years) spent in this occupation
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>—</u>		
10. Date deceased last worked at this occupation (month and year)		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 5 1931
22. I HEREBY CERTIFY, That I attended deceased from July 3 1931 to July 5 1931
Last saw him alive on July 3 1931. Death is said to have occurred on the date stated above, at 2 P. m.

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

Cerebral Hemorrhage

Date of onset

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? no
If so, specify _____

(Signed) C. D. Forbes, M. D.
(Address) Greenville, Mo.

12. BIRTHPLACE (CITY OR TOWN) Wayne Co., Mo.
(STATE OR COUNTRY)

13. NAME W. Kirkpatrick

14. BIRTHPLACE (CITY OR TOWN) Don't know
(STATE OR COUNTRY)

15. MAIDEN NAME "

16. BIRTHPLACE (CITY OR TOWN) Don't know
(STATE OR COUNTRY)

17. INFORMANT C. D. Forbes
(ADDRESS) Greenville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Local Spurgeon, DATE July 5 1931

19. UNDERTAKER Ora Catron
(ADDRESS) Tarkenton

20. FILED July 7 1931 Wm. H. Halliwell Registrar.

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 29 1931

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