

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

Do not use this space.

37267

**1. PLACE OF DEATH**

County Waverly Registration District No. 254  
 Township Benton Primary Registration District No. #134  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 98

**2. FULL NAME** Ida Ellen Kirk

(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>F.</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>Chas L. Kirk</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 25-1866</u>		
7. AGE <u>65</u>	YEARS	MONTHS <u>6</u>
		DAYS <u>29</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation <u>49</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)		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME Chas. W. Rhoades

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

15. MAIDEN NAME Mary Jane Stout

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT Mrs. I. L. Kirk  
 (ADDRESS) Pattonburg Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Muddy Cemetery DATE \_\_\_\_\_ 19\_\_\_\_

19. UNDERTAKER G. F. Grover  
 (ADDRESS) Pattonburg Mo.

20. FILED Nov 24, 1931 John G. Parker  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 24, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1931, to Nov. 24, 1931

I last saw her alive on Nov. 24, 1931. Death is said

to have occurred on the date stated above, at 12:30 P. m.

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

Coronary Thro  
Stenosis  
4/26 4/6 10  
 Date of onset

Other contributory causes of importance:

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? clinical Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no 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 no

(Signed) John W. Frazier, M. D.  
 (Address) Pattonburg Mo.

WRITE PLAINLY, 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.

REC'D 1931

MARG. RESERVED FOR BINDING

VOL. NO. 2.

