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

Do not use this space.

40480

File No.

Registered No. 44

1. PLACE OF DEATH
County Cole
Township Moreau
City Russellville, Mo. (No. , St. Ward)

Registration District No. 214
Primary Registration District No. 4120

2. FULL NAME Edgar Carson Kerkpatrick

(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.

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.

JAN 20 1932

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 1st, 1895.

7. AGE: Years 36 | Months 2 | Days 13 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Press Feeder
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Printer
10. Date deceased last worked at this occupation (month and year): 1931.
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Merwin, Mo.

FATHER
13. NAME: E. T. Kerkpatrick
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Johnson Co. Mo.

MOTHER
15. MAIDEN NAME: Harry E. Duncan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Paola, Kamsas

17. INFORMANT (ADDRESS): E. T. Kerkpatrick, Russellville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Enloe Cem. Russellville DATE 12/16/31. 19

19. UNDERTAKER (ADDRESS): Hugo R. Schubert, Russellville, Mo.

20. FILED Dec. 16, 1931 Mrs. H. L. Enloe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 14-31. 19

22. I HEREBY CERTIFY, That I attended deceased from Dec. 5th 1931, 19, to Dec. 14th 1931, 19
I last saw him alive on Dec. 14th 1931 19. Death is said to have occurred on the date stated above, at 3 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	
Dec. 12th.	
1929	

Other contributory causes of importance:

Typhoid Fever.	
Dec. 5th.	

Name of operation Date of
What test confirmed diagnosis? Widal Was there an autopsy? No.

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. S. Glover, M. D.
(Address) Russellville Mo.