

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

Do not use this space.

6870

1. PLACE OF DEATH

County..... Registration District No. 797
 Township..... Primary Registration District No. 1002
 City St. Louis, Mo. (No. J.S. Marine Hospital, 3640 Marine Ave., St. 10th Ward)

File No.....
 Registered No. 1950

2. FULL NAME Benjamin F. Kirkland (Benj. C. Kirkland)
 (a) Residence, No. Gasconade, Mo. St. 124 Ward. Gasconade, Mo.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 Ellen Kirkland

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 10, 1888

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
 43 6 18

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steamer Captain
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Capt. River Steamers
10. Date deceased last worked at this occupation (month and year) Nov. 24, 1931
11. Total time (years) spent in this occupation 12 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Alabama

FATHER
13. NAME John Kirkland

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

MOTHER
15. MAIDEN NAME Nancy Lock

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown S. Car.

17. INFORMANT (ADDRESS) Mrs. S. Ellen Kirkland Gasconade, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Andalusia Alabama 2-29-32

19. UNDERTAKER (ADDRESS) C. Hoffmeyer & Co 718 S. Main St. St. Louis, Mo.

20. FILED 27 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 11, 1932, 19, to Feb. 28, 1932, 19. I last saw him alive on Feb. 28, 1932, 19. Death is said to have occurred on the date stated above, at 2:40 A.M. The principal cause of death and related causes of importance were as follows:

Cholecystitis, chr. with cholelithiasis. Date of onset Jan. 1930

Other contributory causes of importance: None

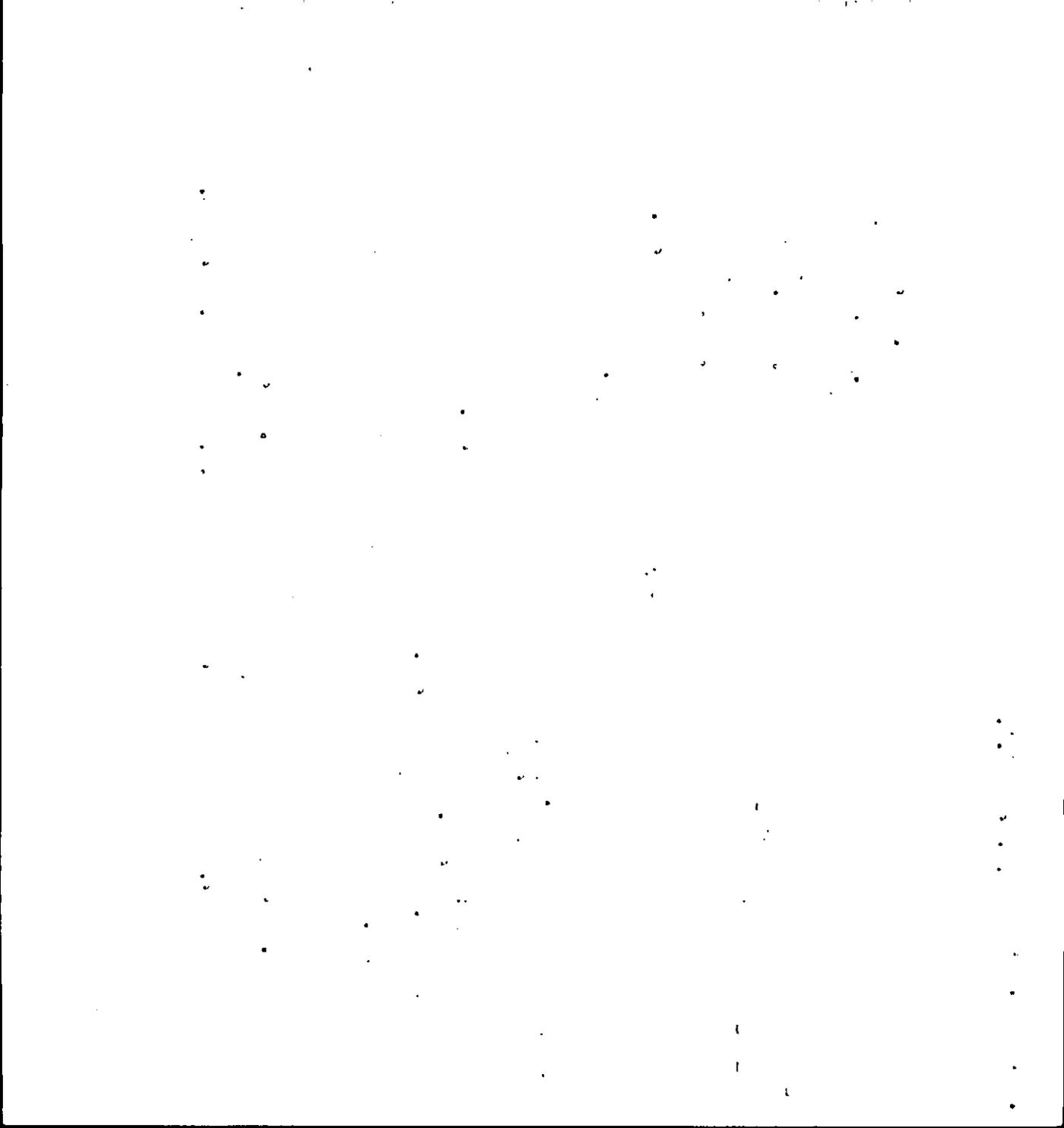
Name of operation Cholecystectomy Date of 2-26-32
 What test confirmed diagnosis? X-ray and clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following No
 Accident, suicide, or homicide? Date of injury.....
 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 W. T. Carey
 (Signed) W. L. Carey, A. S. Surg. USPHS, M. D.
 (Address) U. S. Marine Hospital, St. Louis, Mo.
W. L. Carey, M.D. Chief of Staff

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



March 31, 1932.

Missouri State Board of Health,
Bureau of Vital Statistics,
Jefferson City, Missouri.

Gentlemen:

This office has received a certificate of death of Benjamin C. Kirkland, a former employee of this office.

The certificate is inclosed herewith, and it will be noted that it has been made out showing the name of the deceased as Benjamin F. Kirkland, which is in error. Inasmuch as this document has been submitted in connection with a claim filed by Mrs. Ellen D. Kirkland, widow, for payment of money withheld from the salary of the deceased for the Civil Service Retirement Fund, it is important that the record show correct name. It will, therefore, be appreciated if your bureau will issue a new certificate showing the name as Benjamin C. Kirkland.

For and by direction of the District Engineer:

Yours very truly,



B. Weber,
Chief, Administrative Division.

2 Inclosures:
Death certificate;
Return envelope.

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