

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

Do not use this space.

15387

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township St Joseph Primary Registration District No. 1
City St Joseph (No. Sto. Milk Hosp.)

File No. _____
Registered No. 513
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 2 mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. (If nonresident, give city or town and State) Oregon Mo

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12/21-1867

7. AGE YEARS 64 MONTHS 5 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) St Joseph Mo (STATE OR COUNTRY) 1

13. NAME Thomas Kirk

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Ellen Brown

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Mo

17. INFORMANT Adeline Crouse (ADDRESS) Oregon Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Cem DATE 1/25 1932

19. UNDERTAKER Stunglet & Stamer (ADDRESS) 218 Ad 10th

20. FILED 5-23- 1932 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13th 1932

22. I HEREBY CERTIFY, That I attended deceased from May 22 1932 to May 23 1932

I last saw him alive on May 23 1932 Death is said to have occurred on the date stated above, at 1:30 m.

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

Cerebral Hemorrhage (Apoplexy) Date of onset 5-22-32
Hypertension Primary unknown

Other contributory causes of importance: J. D. A

Name of operation none Date of _____
What test confirmed diagnosis? Exam 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) E. M. Shores M. D.
(Address) 317 Kirkpatrick Bldg. St. Joseph 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.

JUN 21 1932

