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

214

Do not use this space.

19066

1. PLACE OF DEATH

County Cole. Registration District No. 4130 File No.

Township Moreau Primary Registration District No. Registered No.

City Russellville, Mo. (No. , St. Ward)

2. FULL NAME E. T. 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.

JUL 22 1932

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.

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 Mary Kirkpatrick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1854 - 6 - 28

7. AGE: YEARS 78 | MONTHS 0 | DAYS 0 | If LESS than 1 day, hrs. or min.

OCCUPATION

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

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

FATHER

13. NAME Robert Kirkpatrick
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cleveland Ohio

MOTHER

15. MAIDEN NAME Elizabith Johnson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adrain, Mo.

17. INFORMANT (ADDRESS) Mary Kirkpatrick

18. BURIAL, CREMATION, OR REMOVAL
PLACE Enloe Cem. DATE 6-30-32, 19

19. UNDERTAKER (ADDRESS) Hugo H. Schubert

20. FILED June 29, 1932 Mrs H. L. Enloe Registrar.
Russellville, Mo

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-28-32, 19

22. I HEREBY CERTIFY, That I attended deceased from June 28-32, 19, to , 19
I last saw him alive on June 28-32, 19 Death is said to have occurred on the date stated above, at 1.50 m. A. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris.	
94H	

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?
If so, specify

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