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.

AUG 24 1932

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

Do not use this space. 23208

1. PLACE OF DEATH
County Jefferson
Township Rock
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 423
Primary Registration District No. 5578

File No. 27
Registered No. .....

2. FULL NAME Mary J. Kirk
(a) Residence, No. Maxville Mo 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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W J Kirk

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 27 1844

7. AGE YEARS 88 MONTHS 0 DAYS 17 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home House Work
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) (STATE OR COUNTRY) Mattesse Mo

FATHER
13. NAME John N. Ruess
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

MOTHER
15. MAIDEN NAME Margaret Roesch
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Paul J. Kirk Kimmswick Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Immaculate Conception DATE June 18 1932

19. UNDERTAKER (ADDRESS) John G Koch Fenton Mo

20. FILED 7/15 1932 H Wm Ebel Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1932, to July 14, 1932
I last saw her alive on July 14th, 1932. Death is said to have occurred on the date stated above, at 6 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobular Pneumonia	7-10-32
107A	
107A	

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? Clinical 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) M. Dalton, M. D.
(Address) Fenton Mo.