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.

AUG 25 1932

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

Do not use this space.

23332

1. PLACE OF DEATH
59 County Livingston — Registration District No. 508 — File No.
1 Township — Primary Registration District No. 3026 — Registered No. 79
7 City Chillicothe (No. ..., ... St. ..... Ward)

2. FULL NAME Rosena Kirk
(a) Residence, No. 1218 Bryan St., 1 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 Joseph B. Kirk

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 8-1851

7. AGE: YEARS 80 - MONTHS 8 - DAYS 3. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Zanesville Ohio 2

FATHER
13. NAME J. George Mast
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hamburg Germany 10

MOTHER
15. MAIDEN NAME Rosena George
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hamburg Germany

17. INFORMANT (ADDRESS) Mrs. Katherine Davis Grangen, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Edgewood DATE July 13 1932

19. UNDERTAKER (ADDRESS) James D. Gordon Chillicothe Mo.

20. FILED July 13 1932 P. Barney Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11 - 1932

22. I HEREBY CERTIFY That I attended deceased from May 10 1932 to July 11 1932
I last saw her alive on July 11 1932 Death is said to have occurred on the date stated above, at 5:45 P m.
The principal cause of death and related causes of importance were as follows:

Heart decompensation — Date of onset
93C
95B
93C

Other contributory causes of importance: Chronic Myocarditis

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) R. J. Brennan, M. D.
(Address) Chillicothe Mo