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.

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

Do not use this space.

1441

1. PLACE OF DEATH VETERANS' ADMINISTRATION HOSPITAL 889

County Jackson — Registration District No. 5002 — File No.

Township Kaw — Primary Registration District No. — Registered No. 171

City Kansas City (No. U.S. Veterans Hospital St. Ward)

2. FULL NAME William E. Kirkendall 202-10 C-None

(a) Residence, No. 1715 College St., Ward. Wag. Recruit Co. Cas. Supp. Co. 18th Inf.
(Usual place of abode) (If a president, 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 22, 1884

7. AGE: Years 48 — Months 10 — 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.: Cement Finisher
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): Iowa

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Hospital Records, Vet. Adm. Hospital, Kansas City, Missouri.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: National Military Home, Kans. DATE 1-11-33, 19

19. UNDERTAKER (ADDRESS): Freeman Mortuary Kansas City, Mo.

20. FILED Jan 11, 1933 M. M. Conner Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/9/33, 19

22. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, 19, to, 19

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7P m.

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

Confluent Broncho-pneumonia 107A

Date of onset

Other contributory causes of importance: 107A

Name of operation No Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

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) [signature] M. D.

(Address) Deputy Coroner