

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

Do not use this space.

8920

APR 24 1933

1. PLACE OF BIRTH
 County Clinton Registration District No. 207
 Township Concord Primary Registration District No. 5296
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Maggie Lena Kirkman
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Geo. C. Kirkman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 18 1884

7. AGE YEARS 48 MONTHS 11 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) 9-24-32 11. Total time (years) spent in this occupation 30

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

MOTHER

13. NAME J. H. Bradley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

15. MAIDEN NAME Eleanor Tindall

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT (ADDRESS) Viola Blatter 212 Harrison St. Concord, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn 3225 E. Concord, Mo

19. UNDERTAKER (ADDRESS) B. J. Wilson 212 Harrison St. Concord, Mo

20. FILED 3/22 1933 W. Chastain Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 20 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 1932 to Mar 20 1933 last seen alive on Mar 20 1933. Death is said to have occurred on the date stated above, at 7:30 a.m. The principal cause of death and related causes of importance were as follows:

Date of onset _____

Anemia & Toxicemia

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Other contributory causes of importance: Coronary Left Heart and stomach

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? No If so, specify _____ (Signed) J. C. Lohr D.D. (Address) Concord, Mo

