

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

Do not use this space.

**25521**

**1. PLACE OF DEATH**

County Adair Registration District No. 4  
Township \_\_\_\_\_ Primary Registration District No. 3001  
City Kirkville (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 161

**2. FULL NAME**

(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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF P. D. Kirk  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-15-1853  
7. AGE YEARS 79 MONTHS 9 DAYS 14 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) Kirkville (STATE OR COUNTRY) Mo

MOTHER 13. NAME Elizab Dunham

14. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) \_\_\_\_\_

MOTHER 15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT C. S. Kirk (ADDRESS) Kirkville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland Park DATE 8-31 1933

19. UNDERTAKER W. C. Riley (ADDRESS) Kirkville Mo

20. FILED Aug 31, 1933 Mrs. O. H. Brewer Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-29, 1933

22. I HEREBY CERTIFY, That I attended deceased from 8/2/33, 1933, to 8/29, 1933.  
I last saw h. sa alive on 8/29, 1933 Death is said to have occurred on the date stated above, at 3:30 P.M.  
The principal cause of death and related causes of importance were as follows:

Myocarditis (chronic) Date of onset \_\_\_\_\_  
Arteriosclerosis  
136 Nephritis  
Other contributory causes of importance: 131

Name of operation g - Cholecystectomy Date \_\_\_\_\_  
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 \_\_\_\_\_, 1933  
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) Geo F. Sussel, M. D.

(Address) 104 1/2 N Franklin  
Kirkville Mo.

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.

SEP 26 1933

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REMAIN RESERVED FOR BIRTH

ST. NO. 2

