

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.

OCT 20 1933

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

Do not use this space.

30370

1. PLACE OF DEATH
72. County New Madrid Registration District No. 604
4. Township Marston Primary Registration District No. 5802
1. City Marston (No. _____) St. _____ Ward _____

2. FULL NAME Barbara Ruth Kirby
(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 <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>✓</u>		
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 8 - 1931</u>				
7. AGE	YEARS <u>2</u>	MONTHS <u>6</u>	DAYS <u>10</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>L</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>L</u>			
	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) <u>Okla OKLM</u>				
FATHER	13. NAME <u>J. N. Kirby</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Okla</u>			
MOTHER	15. MAIDEN NAME <u>Memmie Martin</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Okla</u>			
17. INFORMANT <u>J. N. Kirby</u> (ADDRESS) <u>Marston Route 1</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Maunds Park</u> DATE <u>Sept 18, 1933</u>				
19. UNDERTAKER <u>Richard Hud Co.</u> (ADDRESS) <u>New Madrid</u>				
20. FILED <u>9/19/33</u> <u>W. N. O'Bannon</u> 19.33 U. S. Registrar.				

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 13, 1933 to Sept 17, 1933
I last saw h. alive on _____, 19____. Death is said to have occurred on the date stated above, at 11:00 m.
The principal cause of death and related causes of importance were as follows:
Colitis
Date of onset _____

Other contributory causes of importance:
1206 1114

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?.....
If so, specify Claude M. Rosen, M. D.
(Signed) Marston
(Address) Marston

