

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.

330

1. PLACE OF DEATH

County Butler
Township Paplar Bluff
City Paplar Bluff (No. _____)

Registration District No. 89
Primary Registration District No. 3007

File No. _____
Registered No. 10
St. _____ Ward _____

2. FULL NAME

Ellen Kirkpatrick

(a) Residence, No. 859 Maple St. Paplar Bluff Mo. 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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rolley Kirkpatrick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 15 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 — 2

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) Waynesville Mo

13. NAME James Ritchie

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Wm H Kirkpatrick
(ADDRESS) 859 Maple St Paplar Bluff Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE city DATE Jan 19 1934

19. UNDERTAKER W. S. Bailey
(ADDRESS) Paplar Bluff Mo

20. FILED 1-18-34 W. S. Bailey
Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 17 1934

22. I HEREBY CERTIFY That I attended deceased from about Nov 1, 1933, to Jan 16, 1934

I last saw her alive on about Nov 1, 1933 Death is said to have occurred on the date stated above, at 9:40 a.m.

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

Chronic Bright's disease
131
112
132
Other contributory causes of importance: Bronchial Asthma

Name of operation none 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.

Character of injury _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) W. S. Bailey, M. D.
(Address) Paplar Bluff Mo

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.

1934

