MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 83 — File No.: 3962

Township: Crawford — Primary Registration District No.: 5124 — Registered No.:

City: ..... (No. ..... St. ..... Ward)

2. FULL NAME: Nelson Watson Kirkman

(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: Male

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: Katie Barbee Kirkman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 19, 1850

7. AGE — YEARS: 83 — MONTHS: 11 — DAYS: 29 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

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): Feb. 1, 1934

11. Total time (years) spent in this occupation: 59

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Buchanan County Missouri

FATHER

13. NAME: William Kirkman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

MOTHER

15. MAIDEN NAME: Unknown

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

17. INFORMANT (ADDRESS): Mrs. Nelson H. Kirkman R.F.D. 1 Faucett, Missouri

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Turner Cemetary — DATE: Feb. 19, 1934

19. UNDERTAKER (ADDRESS): Heaton-BeGole & Bowman 319 So. 10 St. Joseph, Mo.

20. FILED 2/19 1934 W. L. Hull Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 5, 1934 to Feb. 18, 1934

I last saw him alive on Feb. 17, 1934 Death is said to have occurred on the date stated above, at 1:30 A.m.

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

Cerebral Hemorrhage — Date of onset: Feb. 4 1934

Other contributory causes of importance:

Name of operation: None — Date of: —

What test confirmed diagnosis? Clinical — 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.....

(Signed) J. R. Peters M.D. M. D.

(Address) Wallace, 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.

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