

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.

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

Do not use this space.

MAR 24 1934

1. PLACE OF DEATH

County Jackson
Township Franklin
City Helms, Mo. (No. General Hosp #)

Registration District No. 312
Primary Registration District No. 300

File No. 4971
Registered No. 696
St. _____ Ward)

2. FULL NAME

Kenneth Kirkman
(a) Residence, No. 1914 Locust 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>male</u>	4. COLOR OR RACE <u>negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3-5-1897</u>		
7. AGE	YEARS <u>36</u>	MONTHS <u>10</u>
	DAYS <u>6</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>Porter</u>	
	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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/11/34, 1934

22. I hereby certify that I attended deceased from July 1931 to March 1934, 1934

I last saw him alive on _____, 1934. Death is said to have occurred on the date stated above, SP

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

Other contributory causes of importance:
131
131

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 _____, 1934
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 related to occupation of deceased? _____
If so, specify _____
(Signed) [Signature], M. D.
(Address) [Address]

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

MOTHER FATHER

13. NAME Joseph Kirkman

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

15. MAIDEN NAME Ella Warren

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

17. INFORMANT (ADDRESS) Ella Farris

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge Lawn DATE 2-13-34

19. UNDERTAKER (ADDRESS) Doyle Bros Funeral Home
1708 Tracy Ave

20. FILED: 3/13, 1934 M. M. Brown
Registrar

