

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

Do not use this space.

13908
12018
File No. _____
Registered No. 7 Ward _____

1. PLACE OF DEATH

County Putnam Registration District No. 719
Township Elm Primary Registration District No. 3950
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

William Henry Kirkpatrick
(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 W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Loch E.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1853-4-9
7. AGE YEARS 81 MONTHS _____ DAYS 6 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) _____ 11. Total time (years) spent in this occupation _____

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

FATHER 13. NAME James Kirkpatrick 9

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

MOTHER 15. MAIDEN NAME Murtha Royals

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

17. INFORMANT W. E. Kirkpatrick

(ADDRESS) Worthington Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Burial DATE April 16, 1934

19. UNDERTAKER F. D. Fustell & Son

(ADDRESS) Unionville Mo

20. FILED May 1 1934 Dr. C. O. Thomas Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sep, 1932, to Apr 15, 1934

I last saw him alive on Apr 12, 1934. Death is said to have occurred on the date stated above, at 6:20 a.m.

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

Enlarged heart
mitral regurgitation
92A
95B
92A
it E
Other contributory causes of importance:
Indigestion Flu

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? no

If so, specify _____

(Signed) W. P. Green DO

(Address) Green City 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. JUN 26 1934

