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.

AUG 14 1934

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

Do not use this space.

1. PLACE OF DEATH
County Monroe — Registration District No. 581 — File No. 25613
Township — Primary Registration District No. 4343 — Registered No. 20
City Monroe City (No. ..... St. ..... Ward)

2. FULL NAME Richard Alexander 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 33 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 Bessie L. Kirby
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 17-1879
7. AGE YEARS 55 MONTHS 6 DAYS 28 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Shop
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Repairing
10. Date deceased last worked at this occupation (month and year) 1932
11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stoutsville Missouri

FATHER
13. NAME George W. Kirby
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Co Missouri

MOTHER
15. MAIDEN NAME Mglindia Hall.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Bessie L. Kirby Monroe City Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Olivet Cemetery Hannibal Mo DATE July 17th 1934
19. UNDERTAKER (ADDRESS) Wilson & Son Monroe City Mo.
20. FILED 7-16 1934 O. W. Wilson Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Mar. 16, 1932, to July 15, 1934
I last saw him alive on July 15, 1934. Death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary Tuberculosis	3-4-31
32 A	
34	

Other contributory causes of importance

Name of operation ..... 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.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) J. D. Sedberry M. D.
(Address) in Monroe City Mo