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.

OCT 16 1934

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

Do not use this space.

33870

1. PLACE OF DEATH

County St. Charles, Registration District No. 756

Township Portage Des Sioux, Primary Registration District No. 5997

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

File No. .....

Registered No. .....

2. FULL NAME James A Kirn

(a) Residence, No. 8660 Argyle Ave. St., ... Ward. Overland, Mo.
(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 Theresa Reagan Kirn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15, 1891

7. AGE: YEARS 43 MONTHS 1 DAYS 24 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto Parts, Dealer

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 20 yrs.

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

FATHER

13. NAME E. W. Kirn,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greenwood Valley California.

MOTHER

15. MAIDEN NAME Catherine O'Donnell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT (ADDRESS) Mrs A H Nieman St Louis Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE Sep. 13, 1934

19. UNDERTAKER (ADDRESS) Croghan Jund 60 Inc 7146 Manchester Ave

20. FILED Sep 14 1934 C. A. Barnard, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 9, 1934

22. I HEREBY CERTIFY, That I ~~attended deceased from~~ Held Inquest, 19 Sept 10, 1934 ~~Last saw h. alive on ..... 19~~ Death is said to have occurred on the date stated above, at 4:30 P m.

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

Accidental drowning in Mississippi River by sinking of boat on which he was riding — Date of onset Sept 9 1934

Other contributory causes of importance: none

Name of operation none Date of —

What test confirmed diagnosis? Inquest Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accident Date of ~~injury~~ Sept 9, 1934

Where did injury occur? Near Orchard Farm Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury sinking of boat

Nature of injury Drowning

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify none

(Signed) Will L Freeman, M. D.

(Address) St Charles Mo

Coroner of St Charles Co Mo