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.

JAN 1 8 1935

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

Do not use this space.

43168

JAN 1 8 1935

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township Kaw — Primary Registration District No. 1002 — Registered No. 5554

City Kansas City (No. General Hospital St. Ward)

2. FULL NAME Maude Kirby

(a) Residence, No. 2713 Cleveland St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Archie Kirby

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 4, 1885

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
49		20	

OCCUPATION

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

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) Levenworth Kansas

FATHER

13. NAME Geo Peet

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

MOTHER

15. MAIDEN NAME Christaine Henderson

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

17. INFORMANT (ADDRESS) Archie Kerby 2713 Cleveland

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Dec 26 34

19. UNDERTAKER (ADDRESS) Wagner Funeral Home

20. FILED 12/26 1934 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/24/34, 19

22. I HEREBY CERTIFY, That I attended deceased from Hyperly Crowe, 19

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ...m.

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

Gunshot wound of the Chest

167

Date of onset

Other contributory causes of importance:

no

Name of operation Autopsy 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 12/23/34

Where did injury occur? 2713 Cleveland Kaw (Specify city or town, county, and State)

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

Manner of injury Shot self in chest

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ..., M. D.

(Address) Kaw