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 20 1935

5319

1. PLACE OF DEATH
County Jackson — Registration District No. 365 — File No. 610
Township ~~[illegible]~~ — Primary Registration District No. — Registered No.
City Kansas City (No. 307 N. Van Brunt St. Ward)

2. FULL NAME Blanche Amelia Kirk
(a) Residence, No. 307 No. Van Brunt 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 Fe
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 Geo E Kirk
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 28, 1867
7. AGE YEARS 67 MONTHS 5 DAYS 5 If LESS than 1 day, ...hrs. or ....min.

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

2 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Y.

FATHER
13. NAME Bertram Cole
1 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Me

MOTHER
15. MAIDEN NAME Agnes Covel
2 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Y.

17. INFORMANT (ADDRESS) George E. Kirk 307 North Van Brunt
18. BURIAL, CREMATION, OR REMOVAL
PLACE Buffalo N. Y. DATE Feb. 9 1935
19. UNDERTAKER (ADDRESS) Mrs. C. L. Forster 918 Brooklyn ave.
20. FILED 48 1935 M. M. Crowe, asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 7 1935
22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1933, to Feb 7 1935
I last saw her alive on Feb 7 1935. Death is said to have occurred on the date stated above, at 7:40 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	2-4-35

Other contributory causes of importance:

Arterio-sclerosis	2-1-29

Name of operation none 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? no
If so, specify
(Signed) James Middleton, M. D.
(Address) 424 North Montgall ave.