

OCT 18 1935

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

Do not use this space.

28913

1. PLACE OF DEATH

County Cape GirardeauRegistration District No. 125Township CapePrimary Registration District No. 3009City Cape Girardeau, Mo.No. Southeast Hospital

File No.

Registered No. 218

St.

Ward)

2. FULL NAME Kirkpatrick, Dr. A. J.(a) Residence, No. Marble Hill, Mo.

St.

Ward. Marble Hill Mo.

(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

Victoria Kirkpatrick

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

Oct. 6 - 1874

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

6170

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

Doctor

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)

Aug. 1935

11. Total time (years) spent in this occupation

30

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

near Marble Hill, Mo.

13. NAME

James Robert

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

Marble Hill Mo.

15. MAIDEN NAME

Emily Mabrey

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

Greenbrier Mo.

17. INFORMANT (ADDRESS)

Mrs. A. J. Kirkpatrick

18. BURIAL, CREMATION, OR REMOVAL

PLACE Glendale, Mo. DATE Sept. 8, 1935

19. UNDERTAKER (ADDRESS)

H. J. Baker, Jutanoidley Mo.

20. FILED

9-61935J. M. Thompson

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 6, 1935

22. I HEREBY CERTIFY, that I attended deceased from

Aug 29, 1935, to Sept 6, 1935I last saw him alive on Sept 6, 1935 Death is saidto have occurred on the date stated above, at 6:45 p. m.

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

Robert pneumoniaDate of onset 8/24/35

Other contributory causes of importance:

Chronic MyocarditisHeart failure 1934Name of operation none Date ofWhat test confirmed diagnosis? None 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) George St. Walker, M. D.(Address) Cape Girardeau 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.

