

OCT 22 1935

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

Do not use this space.

29047

1. PLACE OF DEATH

County Clay
Township Missouri City
City Missouri City (No. 1111)

Registration District No. 201
Primary Registration District No. 5280

File No. 77
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Missouri City, Mo. Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Flora Kirk</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 2-1872</u>		
7. AGE	YEARS <u>62</u>	MONTHS <u>11</u>
	DAYS <u>6</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Miner</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Coal. Mo. City Co.</u>	
	10. Date deceased last worked at this occupation (month and year) <u>1 mo.</u>	11. Total time (years) spent in this occupation <u>20</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mercer Co. Mo.</u>		
FATHER	13. NAME <u>James B. Kirk</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Mattie Lyphus</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Newton. Mo.</u>	
17. INFORMANT (ADDRESS) <u>Edward Kirk 2229 Root K. C. Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Missouri City Mo.</u> DATE <u>9/10/35</u>		
19. UNDERTAKER (ADDRESS) <u>Church Archer Co. Smith Mo.</u>		
20. FILED <u>9/11/35</u> <u>ET Brant</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 8, 1935

22. I HEREBY CERTIFY, that I attended deceased from Sept 6 p. m. to Sept 8 p. m. 1935
I last saw him alive on Sept 7, 1935 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:
Angina pectoris
Date of onset _____

Other contributory causes of importance:
AKA

Name of operation _____ 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 _____, 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. H. McLeod, M. D.
(Address) Clay City 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.

