NOV 18 1935

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

Do not use this space.

File No. 31991

Registered No. 30

1. PLACE OF DEATH

County: Butler — Registration District No. 88

Township: Neely — Primary Registration District No. 5130

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

2. FULL NAME: FRANK KIRK

(a) Residence, No. 4 mi. N.W. Neelyville Mo. St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 10, 1935

7. AGE — YEARS: ..... MONTHS: 1 DAYS: 28 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

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): Neelyville Missouri

FATHER

13. NAME: Daniel Webster Kirk

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Poplar Bluff R #1 Missouri

MOTHER

15. MAIDEN NAME: Ola Daughette

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Poplar Bluff Missouri R #1

17. INFORMANT: A. H. Kirk
(ADDRESS) Neelyville, Mo. R.2.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Kinsey Cemetery DATE: Oct 9, 1935

19. UNDERTAKER: None
(ADDRESS)

20. FILED: 10-9-, 1935 R. L. Turner
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7:45 P.m.

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

	Date of onset
THIS CHILD WAS BORN PREMATURELY (7 MONTHS UTERO-GESTATION) AND HAD NO MEDICAL TREATMENT	
CAUSE OF DEATH UNKNOWN	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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? .....

If so, specify .....

(Signed) R. L. Turner, M. D.

(Address) Neelyville, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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