Brandon

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.

FEB 18 1936

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

Do not use this space.

1. PLACE OF DEATH

County Butler — Registration District No. 89 — File No. 351

Township — Primary Registration District No. 3007 — Registered No. 1

City Poplar Bluff, Mo. (No. Brandon Hospital St. Ward)

2. FULL NAME John Luther Kirkpatrick Jr.

(a) Residence, No. St., Ward. Essex, Mo.
(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: 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) June 6, 1921

7. AGE — YEARS: 14 — MONTHS: 6 — DAYS: 25 — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School-child
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) Essex, Missouri

FATHER

13. NAME John L. Kirkpatrick
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Patton, Missouri

MOTHER

15. MAIDEN NAME Ida Sifford
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bernie, Missouri

17. INFORMANT (ADDRESS) John L. Kirkpatrick Sr. Essex, Mo.

18. BURIAL, CREMATION, OR REMOVAL Essex Cem.
PLACE Essex, Mo. DATE 1/3.36, 19

19. UNDERTAKER (ADDRESS) Frank Und. Co. Poplar Bluff, Mo.

20. FILED 1/3, 1936 O. C. Cutsinger Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 30, 1935, to Jan. 1, 1936

I last saw him alive on Jan. 1, 1936. Death is said to have occurred on the date stated above, at 1:00 P.

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

| | Date of onset |
|---|---|
| Encephalitis (Lethargica) | 12/29/35 |
| Other contributory causes of importance: Pan sinusitis | 10/29/35 |

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? No

If so, specify .....

(Signed) W. L. Brandon, M. D.

(Address) Poplar Bluff, Mo.