

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.

FEB 19 1936

1923

3

**1. PLACE OF DEATH**

County Lafayette Registration District No. 461  
 Township Lexington Primary Registration District No. 3024  
 City Lexington (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

**2. FULL NAME**

William George Kirkpatrick

(a) Residence, No. \_\_\_\_\_ 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Divorced (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 12, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
73 0 6

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

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) Forest, Ontario.  
(STATE OR COUNTRY) Canada

13. NAME Don't Know

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

15. MAIDEN NAME Dont Know

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

17. INFORMANT M. W. Kirkpatrick  
(ADDRESS) Lexington, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Lexington, Mo. DATE Jan. 20, 1936

19. UNDERTAKER Winkler  
(ADDRESS) Lexington, Mo.

20. FILED Jan 20 1936 Jayne Bull Bates  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 18, 1936<sup>19</sup>

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 7:30 AM, 1936, to Jan 15 5 PM, 1936  
I last saw him alive on Jan 18, 1936 Death is said

to have occurred on the date stated above, at 9 P. m.  
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis  
Asthma

Date of onset \_\_\_\_\_

Other contributory causes of importance:

Chronic nephritis

Name of operation no Date of \_\_\_\_\_  
What 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) B. H. Bessner, M. D.  
(Address) Lexington Mo.

