

JAN 9 1937

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

Do not use this space.

44239

1. PLACE OF DEATH

County Dallas Registration District No. 246
Township Miller Primary Registration District No. 5340
City Lebanon (No.) St. Ward

File No.
Registered No.

2. FULL NAME Esther M. Kirk

(s) 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 F 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF B. M. Kirk Sr.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 19 - 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
75 1 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
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) 12-10-36 11. Total time (years) spent in this occupation 27 1/2

12. BIRTHPLACE (CITY OR TOWN) Dallas Co. Mo.
(STATE OR COUNTRY)

MOTHER 13. NAME Mary Barclay

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

15. MAIDEN NAME Mary Barclay

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

17. INFORMANT Robt. Kirk
(ADDRESS) Lebanon Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lebanon Mo. DATE 12-27-36

19. UNDERTAKER H. B. Jones
(ADDRESS) Buffalo Mo.

20. FILED 12-31-36 John D. Morton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-26-36

22. I HEREBY CERTIFY, That I attended deceased from Dec 11-36, 1936, to Dec 26, 1936

I last saw her alive on Dec 25-36, 1936. Death is said to have occurred on the date stated above, at 1:30 a.m.

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

Cerebral Hemorrhage Date of onset 12-11-36

Other contributory causes of importance: Lobular Pneumonia 12-23-36

Name of operation Date of
What test confirmed diagnosis? Clinical 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 G. J. Myers, M. D.
(Signed) (Address) Trucks Creek Mo.

