

Jan. 20 1937

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

Do not use this space.

45229

1. PLACE OF DEATH

County Jasper  
Township Sarcosis  
City Sarcosis (No. \_\_\_\_\_)

Registration District No. 416  
Primary Registration District No. 4246

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Died unnamed

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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) Dec 30/36

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
0 0 0 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. Infant  
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) Sarcosis (STATE OR COUNTRY) Mo.

FATHER 13. NAME George Roy Kirk

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

MOTHER 15. MAIDEN NAME Alma Idolha McWalter

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

17. INFORMANT Alma Kirk (ADDRESS) Sarcosis Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sarcosis DATE 12/30 1936

19. UNDERTAKER Family (ADDRESS) \_\_\_\_\_

20. FILED 1/4/37 1937 Leroy Sumner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 30 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 30 1936 to Dec 30 1936  
I last saw her alive on Dec 30 1936 Death is said to have occurred on the date stated above, at 9a m.

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

Premature birth  
(6 1/2 months)  
Date of onset \_\_\_\_\_  
Other contributory causes of importance: 159

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 \_\_\_\_\_ 1936

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) Leroy Sumner, M. D.  
(Address) Sarcosis, 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.

