

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

J. A. Chonoweth
Do not use this space.

12269

1. PLACE OF DEATH **ADD 30 1937**
 County *Jasper* Registration District No. *411 5569*
 Township *Madison* Primary Registration District No. *2-0025*
 City *Route #2 Joplin (East 20th)* St. _____ Ward _____

2. FULL NAME *Wiley Price Kirk*
 (a) Residence, No. *R. #2 Joplin* St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred *6* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED—HUSBAND OF (OR) WIFE OF <i>Mary Kirk</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>July 11, 1862</i>		
7. AGE	YEARS <i>74</i>	MONTHS <i>7</i>
	DAYS <i>25</i>	IF LESS than 1 day,hra. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Farmer</i>	
	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) <i>1935</i>	
	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Texas</i>		
MOTHER	13. NAME <i>Wiley Kirk</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Unknown North Carolina</i>	
	15. MAIDEN NAME <i>Susan Umhart</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Unknown North Carolina</i>	
17. INFORMANT (ADDRESS) <i>Mary Kirk R. #2 Joplin, Mo.</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Harmony Grove Cem. DATE Mar. 10, 1937</i>		
19. UNDERTAKER (ADDRESS) <i>Lanpher Mortuary 1512 Douglas St. Joplin Mo.</i>		
20. FILED <i>3-9-37</i> <i>W. J. Jensen</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 8, 1937*

22. I HEREBY CERTIFY, That I attended deceased from *Jan 9, 1937* to *Mar. 8, 1937*
 I last saw him alive on *Mar. 3, 1937*. Death is said to have occurred on the date stated above, at *5:20 p.m.*
 The principal cause of death and related causes of importance were as follows:
Chr. heart hypertrophy Date of onset _____

Other contributory causes of importance
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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? *no*
 If so, specify _____
 (Signed) *J. A. Chonoweth*, M. D.
 (Address) *Joplin Mo.*

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.

