

APR 26 1937

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

Do not use this space.

13190

## 1. PLACE OF DEATH

County Osage  
Township Shirley  
City (No. ....) .....

Registration District No. 750  
Primary Registration District No. 6246

File No. 14  
Registered No. 1448  
St. .... Ward .....

## 2. FULL NAME

Isaac Kirkley

(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 M. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wella Kirkley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 16-1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ....hra. or ....min.  
85 7 11

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....  
10. Data 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) Iowa

13. NAME John Kirkley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Geo Stein

18. BURIAL, CREMATION, OR REMOVAL PLACE Farris Ridge Cem Bethel Mo. March 29, 1937

19. UNDERTAKER (ADDRESS) Jordan Douglas Mo.

20. FILED March 29, 1937 E. B. Johnston Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 25, 1937 to Mar 27, 1937

I last saw him alive on Mar 26, 1937. Death is said to have occurred on the date stated above, at 10 P. m.

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

Aortic Regurgitation Date of onset .....

Other contributory causes of importance: Age

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) R. H. Water, M. D.

(Address) Doniphan Mo.

Every year 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.

