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

Do not use this space.

APR 27 1937

1. PLACE OF DEATH
County St Louis
Township St Ferdinand
City (No. 4441, Carson St. Ward)

Registration District No. 789
Primary Registration District No. 6033

File No. 13421
Registered No. 201

2. FULL NAME John C. Kirkpatrick
(a) Residence, No. 4441 Carson Rd. 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 (write the word): widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dora Ruth Kirkpatrick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 24 1849

7. AGE: YEARS 88 | MONTHS 0 | DAYS 4 | If LESS than 1 day, ...hrs. or ....min.

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

FATHER
13. NAME ~~Unknown~~ Moses Kirkpatrick
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

17. INFORMANT John M. Kirkpatrick
(ADDRESS) 4441 Carson Rd.

18. BURIAL, CREMATION, OR REMOVAL
PLACE M. Pickers DATE 3-31 1937

19. UNDERTAKER Witt Bros. & Hilo
(ADDRESS) 2929 S. Jefferson Av.

20. FILED 3/30 1937 Ed Boehmer Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 28 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-20- 1937, to 3-28- 1937
I last saw him alive on 3-27- 3-30-37. Death is said to have occurred on the date stated above, at 6 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3-20-37

Other contributory causes of importance:

Arr Myocarditis	1930
Arr Nephritis	1920

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
(Signed) Ray Johnson, M. D.
(Address) Ferguson 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.