

JUN 16 1937

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

Do not use this space.

19413

1. PLACE OF DEATH

County Boone Registration District No. 73  
Township Columbia Primary Registration District No. 3006 2  
City Columbia (No. 1) St. 1 Ward

File No. 19413  
Registered No. 131

2. FULL NAME

Martha Kirklin

(a) Residence, No. 13 N. Smitzler St. St. 2nd Ward.

Length of residence in city or town where death occurred 78 yrs. 2 mos. 29 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-14-37 19

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Kirklin

22. I HEREBY CERTIFY, That I attended deceased from 5-12-37, 19, to 5-14-37, 19.

I last saw h. alive on 5-14-37, 19. Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-15-1864

to have occurred on the date stated above, at 8:05 p.m.

7. AGE 73 YEARS MONTHS 2 DAYS 29 If LESS than 1 day, hrs. min.

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housekeeper

Date of onset

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Acute Pneumonia

10. Date deceased last worked at this occupation (month and year)

Other contributory causes of importance:

11. Total time (years) spent in this occupation

108

12. BIRTHPLACE (CITY OR TOWN) Columbia, MO (STATE OR COUNTRY)

Name of operation

13. NAME Henry Kirklin

Date of

14. BIRTHPLACE (CITY OR TOWN) Columbia, MO (STATE OR COUNTRY)

What test confirmed diagnosis? Was there an autopsy?

15. MAIDEN NAME Martha Moss

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury

16. BIRTHPLACE (CITY OR TOWN) Columbia, MO (STATE OR COUNTRY)

Where did injury occur? (Specify city or town, county, and State)

17. INFORMANT Stella Penfro (ADDRESS) no 6 N. Smitzler

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE Columbia DATE May 17 1937

Manner of injury

19. UNDERTAKER Wm. P. Parker (ADDRESS) Columbia, Mo.

Nature of injury

20. FILED 5/17/37 Allie Selby Registrar.

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. D. Moore, M. D.

(Address) Columbia, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1880

1880

1880