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

Do not use this space.

791

1. PLACE OF DEATH JUL 8 - 1937

County ..... Registration District No. 1008 File No. 22143

Township ..... Primary Registration District No. ..... Registered No. 5900

City St. Louis Mo. (No. Barnes Hospital St. ..... Ward)

2. FULL NAME Holley Curry Kirkpatrick

(a) Residence, No. 5254A Waterman St., 12 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): Married.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 10-1871.

7. AGE: Years 65 Months 6 Days 5. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

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) Brownsville, Tenn.

FATHER

13. NAME Thomas C. Kirkpatrick

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

MOTHER

15. MAIDEN NAME Sue Scott.

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

17. INFORMANT Mrs H. C. Kirkpatrick.
(ADDRESS) 5254 A. Waterman, Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Hill Cem. DATE June 17-1937

19. UNDERTAKER C. R. Lupton & Sons.
(ADDRESS) 4449 Olive Street

20. FILED JUN 16 1937 J. J. Bredick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-15, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-29, 1937, to 6-15, 1937

I last saw him alive on 6-15-37, 1937 Death is said to have occurred on the date stated above, at 12:05 P.M.

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

	Date of onset
? Pachymeningitis.	1937
Cerebral arteriosclerosis	—

Other contributory causes of importance:
Bronchopneumonia, terminal

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

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? .....

If so, specify .....

(Signed) P. W. Elliott, M. D.

(Address) [illegible]

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.