

NOV 15 1937

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

36121
Do not use this space.

791

1008

Registered No. 9698

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No.
(c) City (d) Street No. De Paul Hosp. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 5 yrs. mos. 14s. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Clover Colleen Kirkman

(a) Residence, No. 7236 Tulane Ave. St. University City, Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Edward Kirkman (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 20, 1904
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
33 8 27
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife.
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) Clarksdale, Mo.

FATHER 13. NAME Henry Clay Collins,

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

MOTHER 15. MAIDEN NAME Bessie McWilliams,

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

17. INFORMANT (ADDRESS) Edward Kirkman, University City.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph, Mo. DATE 10/19/37

19. FUNERAL DIRECTOR (ADDRESS) W. A. Stock Und. Co. 2117 E. Grand Blvd.

20. FILE NO. 661130 J. Bredeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1937, to Oct. 12, 1937.

I last saw him alive on Oct. 17, 1937. Death is said to have occurred on the date stated above, at 11:52 p.m.

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

relaxative colitis
120
Other contributory causes of importance:

Septicemia

Name of operation Drainage Date of 10-17-37

What test confirmed diagnosis? chest 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) Owell Curtis M. D. (Address) 1194 Belmont Ave

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.

899

W.C. Harts

1194 Westmount Ave

Belton 8755

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STATEMENT BY LICENSED EMBALMER

I, Sheldon Callie

Licensed Embalmer No. 3382

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Sheldon Callie

L. E.

No. _____ or by _____
working under my personal supervision.

Registered Apprentice No. _____

Signed Sheldon Callie

Licensed Embalmer No. 3382

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)