

NOV 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County Adair Registration District No. 4  
Township \_\_\_\_\_ Primary Registration District No. 3001  
City Richville (No. 603) South High

File No. 36979  
Registered No. 207  
St. \_\_\_\_\_ Ward 4

2. FULL NAME

John Robert Kirk

(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 <u>M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Rebecca J. Kirk</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1-23-1851</u>		
7. AGE YEARS <u>86</u>	MONTHS <u>9</u>	DAYS <u>14</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Teacher</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Richmond State Teacher College</u>		
10. Date deceased last worked at this occupation (month and year) <u>Nov. 19, 1937</u>		11. Total time (years) spent in this occupation <u>67</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Burson Co., Illinois

13. NAME George W. Kirk

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Delmont Co New York

15. MAIDEN NAME Mary Reed

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

17. INFORMANT (ADDRESS) Pauline Kirk Richville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill, Memorial Park DATE Nov. 11, 1937

19. UNDERTAKER (ADDRESS) Dee Riley Funeral Home Richville Mo.

20. FILED Nov. 10, 1937 Spencer L. Freeman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 7, 1937, to Nov 7, 1937

I last saw him alive on Nov 7, 1937. Death is said to have occurred on the date stated above, at 4 P. m.

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

Cerebral Hemorrhage

Date of onset

11/7/37

Other contributory causes of importance

Diabetes  
arteriosclerosis

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? Yes

If so, specify \_\_\_\_\_

(Signed) Earl Langston, Jr. M. D.

(Address) Westville, 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.

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OCCUPATION  
MOTHER  
FATHER

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