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.

NOV 18 1937

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

Do not use this space.

1. PLACE OF DEATH
County Knox
Township Center
City Edina Mo (No. ..... St. ..... Ward)

Registration District No. 441
Primary Registration District No. 4259

File No. 38012
Registered No. 27

2. FULL NAME Joseph M. Kirk
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ginevera Long
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-17-1864
7. AGE YEARS 73 MONTHS 4 DAYS 17 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Former Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) Ohio

FATHER
13. NAME James Kirk
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dumfries Scotland

MOTHER
15. MAIDEN NAME Martha Earling
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rancocas New Jersey

17. INFORMANT (ADDRESS) Charley Kirk Edina Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Linville Cemetery DATE 10-6-1937
19. UNDERTAKER (ADDRESS) Keith M. Hudson Edina Mo.
20. FILED Oct 6, 1937 Mrs. C. M. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1936, to Oct 4, 1937
I last saw him alive on Oct 4, 1937. Death is said to have occurred on the date stated above, at 8:40 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	10-36

a4a

Other contributory causes of importance:

Arteriosclerosis	unk.

Name of operation ..... Date of .....
What test confirmed diagnosis? Phys Exam 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) W. L. Landfather, M.D.
(Address) Edina, Mo.