

DEC 14 1937

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

Do not use this space.

1. PLACE OF DEATH

County Bollinger
Township Crooked Creek
City (No., Ward)

Registration District No. 18
Primary Registration District No. 5103

File No. 40625
Registered No.

2. FULL NAME Lillie Kirkpatrick

(a) Residence, No. Near Patton Mo. 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.

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 (OR) WIFE OF Mervin Kirkpatrick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 25 1911

7. AGE YEARS 26 MONTHS 6 DAYS 19 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as aptamer, sawyer, bookkeeper, etc. Housewife

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) Scotts, Mo.

13. NAME Curb Pulliam

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bollinger Co.

15. MAIDEN NAME Zoy Cook

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bollinger Co.

17. INFORMANT Marvin Kirkpatrick (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL Buried PLACE Hurricane Cen DATE Sept. 16, 1937

19. UNDERTAKER Baker Funeral Home (ADDRESS) Wentzville, Mo. by telephone

20. FILED 12/11 1937 J. G. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr, 1937, to Sept. 16, 1937

I last saw her alive on SEP 12, 1937. Death is said to have occurred on the date stated above, at 9:00A m.

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

Pulmonary tuberculosis

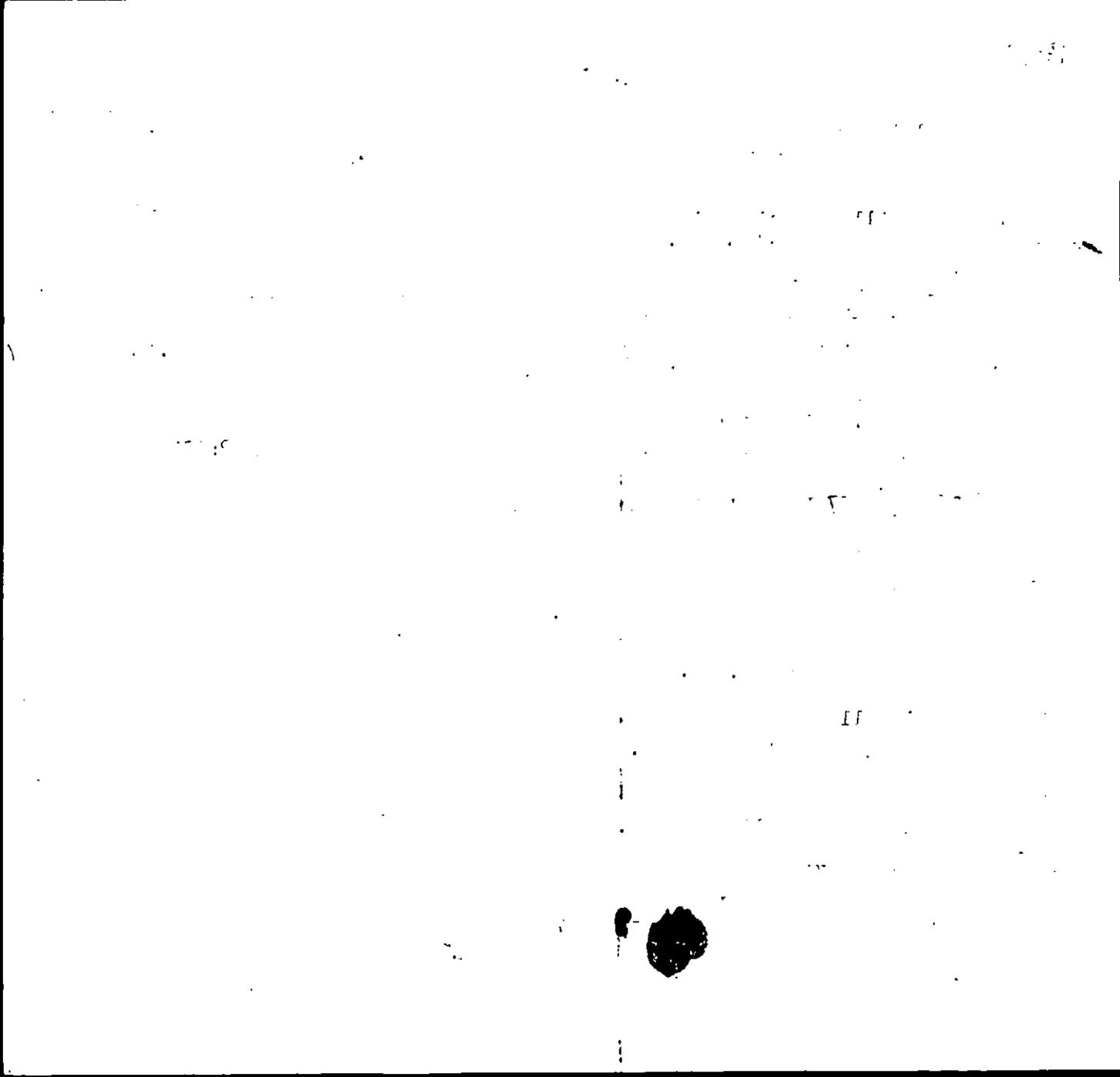
Other contributory causes of importance:

Name of operation 22 Date of

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) H. M. Kelley, M. D. (Address) Patton Mo.



FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

40670
Do not use this space.

1. PLACE OF DEATH

(a) County Bollinger Registration District No. 64
(b) Township Broken Creek Primary Registration District No. 2103 Registered No. _____
(c) City _____ (d) Street No. _____ 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Killie Kirkpatrick

(a) Residence, No. near Patton Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 25-1911
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
26 6 19

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as 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) Geopos

FATHER 13. NAME Curb Pulliam
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bollinger Mo

MOTHER 15. MAIDEN NAME Zora Cook
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bollinger Co

17. INFORMANT Marion Kirkpatrick
(ADDRESS) Patton Mo

18. BURIAL, CREMATION, OR REMOVAL burial
PLACE Hurricane Cem DATE Sept 16 1937

19. FUNERAL DIRECTOR Baker Funeral Home
(ADDRESS) Lutesville Mo

20. FILED 1/12 1938 Burtha O'Keefe
Y frank Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 16 1937
22. I HEREBY CERTIFY, That I attended deceased from apr to sept 16 1937
I last saw her alive on Sept 10 1937. Death is said to have occurred on the date stated above, at 9:00 a.m.
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis
Date of onset _____
Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____
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) F. M. O'Kelley M. D.
(Address) Patton Mo

