

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

Do not use this space.

JAN 15 1937

1. PLACE OF DEATH

County Bates

Registration District No. 23

Township Rich Hill Missouri

Primary Registration District No. 2005

City Rich Hill Missouri

File No. 44649

Registered No. 42

St. _____ Ward _____

2. FULL NAME Chris C. Kirkman

(a) Residence. No. Rich Hill Mo. St., _____ 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 Nettie P. Kirkman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 27-1890

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	47	5	14	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer 23

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Laborer Liberty Kan 21
(STATE OR COUNTRY)

10. NAME OF FATHER Anthony

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Anthony Kansas
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER UNKNOWN Annie Aus

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Nebraska
(STATE OR COUNTRY)

14. INFORMANT Nettie Kirkman
(Address) Rich Hill Missouri

15. FILED 1/12/37 1937 Greenwell Allen REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 11/37 19

17. I HEREBY CERTIFY That I attended deceased from Jan 11 1937 to Dec 11 1937 that I last saw him alive on Dec 9 1937 and that death occurred, on the date stated above, at 9:45 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary tuberculosis
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH 22

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Greenwell Allen M. D.

. 19 Rich Hill Mo. (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Greenlawn DATE OF BURIAL Dec 13 1937

20. UNDERTAKER Booth Service ADDRESS Rich Hill

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.

