

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

Do not use this space.

1416

1. PLACE OF DEATH

County Jackson County
Township Kansas City
City Mo.

Registration District No. _____

Primary Registration District No. _____

File No. _____

Registered No. 104

(No. 5331 Highland Ave.)

St. _____ Ward _____

2. FULL NAME Ida May Kirk 62.0

(a) Residence, No. 5331 Highland Ave. Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 10 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Joseph Kirk

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-17-1862

7. AGE YEARS 75 MONTHS 8 DAYS 22 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) 1-1-33 11. Total time (years) spent in this occupation 63

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Zanesville Ind.

13. NAME F. H. Tumbleton

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

15. MAIDEN NAME Jane Bagby

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

17. INFORMANT Sister Bernilla Inf. (ADDRESS) 5331 Highland Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wright Kansas DATE 1-10-38

19. UNDERTAKER Walter B. Kuyper (ADDRESS) Wausau Kansas

20. FILED Jan 8 1938 M. M. Growe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 8th 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 28 1937, to Jan 8th 1938

I last saw her alive on Jan 10th 1938 Death is said

to have occurred on the date stated above, at 9 a. m.

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

Cerebral Hemorrhage
g. r. w.

Date of onset 12/28/37
1938

Other contributory causes of importance: arteriosclerosis

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 _____, 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) Frank V. Phelan, M. D.
(Address) 1402 Bryant Bldg

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.

RECEIVED

FEB 19 1937

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

Dr. Sprague