

REC'D MAR 25 1938

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

Do not use this space.

1. PLACE OF DEATH

County Stoddard
Township Lake
City Bell City, Mo. (No. 1)

Registration District No. 834
Primary Registration District No. 4506

File No. 8335
Registered No. 4
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. George Kirby St. 112 Ward _____
(Usual place of abode) Bell City, Mo. (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 Stella Kirby

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 3, 1903

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 1 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Killing Stationery

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) Indiana

13. NAME John K. Kirby

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

15. MAIDEN NAME Mary Weeks

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT (ADDRESS) Stella Kirby
Bell City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Chassut Cemetery DATE Feb. 23, 1938

19. UNDERTAKER (ADDRESS) Joseph S. Morgan
Stoddard, Mo.

20. FILED 217 1938 D. S. McKeel
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from 2/13 1938, to 2/21 1938

I last saw him alive on 2/21, 1938 Death is said to have occurred on the date stated above, at 10:50 a.m.

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

Lobar Pneumonia Date of onset _____

Other contributory causes of importance: 105

Name of operation _____ Date of _____

What test confirmed diagnosis? autopsy 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) C. O. Bennett, M. D.

(Address) Bell City, 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.

OCT 7 1943