

REC'D MAY 6 1938

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

Do not use this space.

1. PLACE OF DEATH

County Cedar

Registration District No. 163

Township

Primary Registration District No. 4095

City

File No.

14322

Registered No.

28

St.

Ward

2. FULL NAME

Si R. Wirt

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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

Jennie Shanken Wirt

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

May 25-1869

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, ..... hrs.  
or ..... min.

68

11

2

OCCUPATION

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)

11. Total time (years)  
spent in this  
occupation

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

Clay Co. Mo.

13. NAME

John D Wirt

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

Ky.

15. MAIDEN NAME

Rebecca McWilliam

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

Ky.

17. INFORMANT  
(ADDRESS)

S. M. Wirt  
Harrisonville Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Harrisonville Mo.

DATE

4/27-38

19. UNDERTAKER  
(ADDRESS)

Rumrumbarger  
Harrisonville Mo.

20. FILED

4-27-1938

J. W. Dawson

Registrar

MEDICAL CERTIFICATE OF DEATH

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

4-27-1938

22. HEREBY CERTIFY, That I attended deceased from

1938 to April 27-1938

I last saw him alive on April 26-1938 Death is said

to have occurred on the date stated above, at 6:15 a.m.

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

Ends Cardiac-Chronic

Date of onset

Other contributory causes of importance:

Hard Lignure

Name of operation

What test confirmed diagnosis?

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?

Where did injury occur?

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) L. T. Dunning, M. D.

E. D. Dawson

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.

2000 D. 11

2000 D. 11

10/31

Dr. Gunaway

Dr. Gunaway