

REC'D JUN 20 1938

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

18504

Do not use this space.

1. PLACE OF DEATH

(a) County..... Jasper Registration District No. 405
 (b) Township..... 1 Primary Registration District No. 4239 Registered No.
 (c) City..... Alba (d) Street No. St.
 (e) Length of residence in city or town where death occurred 65 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME

Pete Kirk
 (a) Residence, No. Alba 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 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 Ada Paugh Kirk

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 14, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 0 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Drillman
 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) Moresville
 (STATE OR COUNTRY) Indiana

FATHER 13. NAME Edward S. Kirk

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

MOTHER 15. MAIDEN NAME Mary E. Bryant

16. BIRTHPLACE (CITY OR TOWN) Indianapolis, Ind.
 (STATE OR COUNTRY)

17. INFORMANT Mrs. Ada Kirk
 (ADDRESS) Alba, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview Cemetery May 11, 1938

19. FUNERAL DIRECTOR Ulmer Funeral Home
 (ADDRESS) Carthage, Mo.

20. FILED May 11, 1938 Effie Green
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Mar 21, 1938 to May 8, 1938

I last saw him alive on May 8, 1938. Death is said to have occurred on the date stated above, at 9:30 pm

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

reluctance of coronary arteries

Date of onset

Other contributory causes of importance: Influenza

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) W. J. [Signature], M. D.

317 (Address) [Address]

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

30M-7-55-37
 I X12604

STATEMENT BY LICENSED EMBALMER

I, Ed C. Ulmer, Licensed Embalmer No. 2222

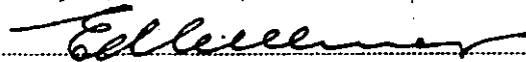
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by Me, Registered Apprentice No.

working under my personal supervision.

Signed.....



Licensed Embalmer No. 2222

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)