

NOV 15 1938

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

Do not use this space.

1. PLACE OF DEATH

County Callaway <sup>2</sup> Registration District No. 104  
Township 1 Primary Registration District No. 3008  
City Fulton No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 35277  
Registered No. 254

2. FULL NAME

(a) Residence, No. \_\_\_\_\_ 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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jas. A. Middleton</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 29, 1859</u>		
7. AGE	YEARS <u>79</u>	MONTHS <u>1</u>
	DAYS <u>22</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>	
	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) <u>Kentucky</u>		
FATHER	13. NAME <u>Wm. Kirk</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
MOTHER	15. MAIDEN NAME <u>WTK</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>WTK</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Louise Covington, St. Louis, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hillcrest Cemetery, Oct 22, 1938</u>		
19. UNDERTAKER (ADDRESS) <u>Geo. H. Walden, Fulton, Mo.</u>		
20. FILED <u>10/21</u> , 19 <u>38</u> <u>R. N. Crewe</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Feb 11, 1938 to Oct 20, 1938.  
I last saw him alive on Oct 20, 1938. Death is said to have occurred on the date stated above, at 3:24 p.m.  
The principal cause of death and related causes of importance were as follows:  
Arterio Sclerosis  
Date of onset Several years duration

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? clinical 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 \_\_\_\_\_, 1938  
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) R. N. Crewe, M. B.  
Fulton, 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.

