REC'D NOV 5 1938

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

36360
Do not use this space.

1. PLACE OF DEATH

(a) County: Scott — Registration District No.: 819

(b) Township: — Primary Registration District No.: 549 — Registered No.:

(c) City: Vanduser — (d) Street No.: , St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Harold Donald Kirby

(a) Residence, No. Vanduser, Missouri St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 11, 1938

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

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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) (STATE OR COUNTY) Scott County, Mo

FATHER
13. NAME Harry Kirby
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Elkhorn, Missouri

MOTHER
15. MAIDEN NAME Lillian Seagraves
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Pocohontas, Ark.

17. INFORMANT (ADDRESS) Harry Kirby, Vanduser, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Carpenter Cemetery DATE Oct. 20, 1938

19. FUNERAL DIRECTOR (NAME) H.J. Welsh
(ADDRESS) Sikeston, Missouri

20. FILED ....., 19.... Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1938, to Oct 19, 1938
I last saw h... alive on Oct 19, 1938. Death is said to have occurred on the date stated above, at 6 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Lobar Pneumonia	10-14-38

Other contributory causes of importance:

Bilateral Otitis Media	10-17-38

Name of operation Paracentesis Date of 10-18-38
What test confirmed diagnosis? Otoscopic 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? No
If so, specify
(Signed) Merlin G. Anderson M. D.
(Address) Sikeston Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

Body ....., or by .....

Registered Apprentice No. ....., working under my personal supervision.

not

H. J. Welch

Signed ..... embalmed

Licensed Embalmer No. .....

P. O. Address .....

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.)

If this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

36960
Do not use this space.

1. PLACE OF DEATH
(a) County Scott — Registration District No. 819
(b) Township — Primary Registration District No. 4589 — Registered No.
(c) City Vanduser (d) Street No. — St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Harold Donald Kirby
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Inf.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 11 1938
7. AGE — Years: — Months: 1 — Days: 8 — If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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) (STATE OR COUNTRY) Scott Co Mo

FATHER
13. NAME Harry Kirby
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Elkhorn Mo

MOTHER
15. MAIDEN NAME Lillian Sedgwick
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pocahontas Ark

17. INFORMANT Harry Kirby
(ADDRESS) Vanduser Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Carpenter Cem DATE Oct 20 38
19. FUNERAL DIRECTOR H. E. Webb
(ADDRESS) Sikeston Mo
20. FILED 12-20 1938 Mrs L Daugherty
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 19 1938
22. I HEREBY CERTIFY, That I attended deceased from Oct 18 1938 to Oct 19 1938
I last saw him alive on Oct 17 1938. Death is said to have occurred on the date stated above, at 6 P.M.
The principal cause of death and related causes of importance were as follows:
Bilateral Lobar Pneumonia — Date of onset 10/14/38
Other contributory causes of importance: Bilateral Otitis media
Name of operation Paracentesis Date of
What test confirmed diagnosis? Autopsy 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) Merlin G. Vandiver, M. D.
(Address) Sikeston 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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

THIS IS A PERMANENT RECORD

DUPLICATE