

REC'D FEB 24 1939

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

Do not use this space.

3052

File No. ....  
Registered No. 19 .....  
St. 4 Ward

## PLACE OF DEATH

County MarionRegistration District No. 547Township MasonPrimary Registration District No. 3029City Harrisburg (No. 213 W. Terrace)2. FULL NAME Fred J. Kirse(a) Residence, No. 213 W. Terrace St. 4 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eliza F.6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March-18-18487. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
90 10 88. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

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) St. Clara County Ill13. NAME Unknown

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

15. MAIDEN NAME

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

17. INFORMANT Mrs. W. L. Marshall (ADDRESS) 213 W. Terrace, Harrisburg

18. BURIAL, CREMATION, OR REMOVAL

PLACE mt-Olive Cem. DATE Dec 28-193819. UNDERTAKER James Delaney (ADDRESS) Harrisburg Mo20. FILED Jan 13 1939 St. C. Fisher Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-26-193822. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1938, to Dec 26, 1938I last saw him alive on about Nov 15, 1938, 1938. Death is said to have occurred on the date stated above, at 11:20 a.m.

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

Date of onset

Miscardial DegenerationOther contributory causes of importance: 92C

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) E. E. Sulger M. D.(Address) Harrisburg 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.

