FEB 6 1939

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

Do not use this space.

3718

1. PLACE OF DEATH
County St Francois
Registration District No. 771
Township Iron
Primary Registration District No. 6017
City ..... (No. ..... St. ..... Ward)
File No. .....
Registered No. .....

2. FULL NAME 620 Larry Kirk
(a) Residence. No. Douglas 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 24 1938

7. AGE: YEARS | MONTHS: 0 | DAYS: 25 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at Home (Child.)
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Elvins R 1.
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Esley J. Kirk
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dexter
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Lara Radford
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) West Fork
(STATE OR COUNTRY) Mo

14. INFORMANT Esley J. Kirk
(Address) Elvins Mo. R1.

15. FILED Jany 27 1939 F. W. Gale MD REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 21 1939

17. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1938, to Jan 21, 1939 that I last saw him alive on Jan 11, 1939, and that death occurred, on the date stated above, at 9 30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature birth 6 1/2 month
(duration) ..... yrs. 5 mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) Edward M Papp, M. D
1-21, 1939 (Address) Bismarck Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, ~~OR REMOVAL~~ Hamilton Cemetery
DATE OF BURIAL 1/22/39 19

20. UNDERTAKER Sparks Mnl Co
ADDRESS Elvins 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.