

MAR 13 1939

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

Do not use this space.

6509

1. PLACE OF DEATH

39 County Greene Registration District No. 316 File No. 103  
Township Springfield Primary Registration District No. 2001 Registered No. 103  
City Springfield (No. Springfield Baptist Hospital) Ward

2. FULL NAME

(a) Residence, No.          St.          Ward. Adairville Mo  
(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 single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 27, 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
✓ 32 4 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Clerk  
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) Adairville Mo

13. NAME J. W. Kirby

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bowling Green Ky

15. MAIDEN NAME Etta Walker

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

17. INFORMANT Kyle W. Kirby (ADDRESS) Adairville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Masonic Embury DATE Feb 5 1939

19. UNDERTAKER Will Mason (ADDRESS) Adairville Mo

20. FILED Feb 5 1939 Chas A George Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 4 1939

22. I HEREBY CERTIFY, that I attended deceased from Feb 2 1939 to Feb 4 1939  
I last saw him alive on Jan 4 1939. Death is said to have occurred on the date stated above, at 11:30 p.m.

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

Peritonitis general Date of onset 1/25/39

Other contributory causes of importance:  
Appendiceal abscess 1/15/39

Name of operation Drainage abscess Date of 1/31/39  
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 Robert Glynn M. D.  
(Signed) Robert Glynn  
(Address) Springfield

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.

