

APR 11 1939

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

Do not use this space.

1. PLACE OF DEATH

County Barton Registration District No. 41
Township Le Roy Primary Registration District No. 5063
Liberal (No. _____) St. _____ Ward _____

File No. 9948
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Jennie Wayne Van Kirk
(a) Residence No. 6 Rural R # 2 St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Baby</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Baby</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 1 1939</u>		
7. AGE YEARS	MONTHS	DAYS
		IF LESS than 1 day, <u>2</u> hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Infant</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>-</u>
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Liberal (STATE OR COUNTRY) Mo.

MOTHER FATHER
13. NAME Delbert Glenn Van Kirk
14. BIRTHPLACE (CITY OR TOWN) Liberal (STATE OR COUNTRY) Mo.

MOTHER FATHER
15. MAIDEN NAME Winifred Frances Cullison
16. BIRTHPLACE (CITY OR TOWN) Liberal (STATE OR COUNTRY) Mo.

17. INFORMANT Glenn Van Kirk (ADDRESS) Liberal, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberal-Shiloh Cem. DATE Mar. 2 1939

19. UNDERTAKER Berkey Funeral Service (ADDRESS) Millersburg, Kansas

20. FILED Mar. 11th 1939 J. H. Zell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 1 1939
22. I HEREBY CERTIFY, That I attended deceased from Feb. 2 1939 to Feb. 2 1939
I last saw him alive on Feb. 2 1939. Death is said to have occurred on the date stated above, at 1:00 P. m.
The principal cause of death and related causes of importance were as follows:

Miscarriage caused by
influx of my mother
159
Other contributory causes of importance:

Name of operation None Date of _____
What test confirmed diagnosis? mother in bed week before birth of baby Was there an autopsy? with fetus

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 0 Date of injury 0, 1939
Where did injury occur? 0 (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury 0
Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? 0
If so, specify _____
(Signed) A. G. Eddeemon M. D.
(Address) Liberal Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

