

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.

Dr. S. Mooten
 REG'D APR 19 1939

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

Do not use this space.

11594

1. PLACE OF DEATH
 County Mississippi ² Registration District No. 567
 Township 1 Primary Registration District No. 4334
 City East Prairie, Mo. No. 610 St. 1 Ward 1
 2. FULL NAME Harbor infant of Zode Kirby of East Prairie, Mo.
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) _____
 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.

File No. _____
 Registered No. 15

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 5, 1929
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, None hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 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) East Prairie (STATE OR COUNTRY) Mo.
 FATHER 13. NAME Zode Kirby 14. BIRTHPLACE (CITY OR TOWN) Gray Co. (STATE OR COUNTRY) Mo.
 MOTHER 15. MAIDEN NAME Edith Stephens 16. BIRTHPLACE (CITY OR TOWN) Malden (STATE OR COUNTRY) Mo.
 17. INFORMANT Zode Kirby (ADDRESS) East Prairie, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Daywood DATE March 6, 1939
 19. UNDERTAKER Travis Shelly (ADDRESS) East Prairie, Mo.
 20. FILED March 6, 1939 Mrs. D. M. Hodges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 5, 1939
 22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
St. Sule Born
Premature
 Other contributory causes of importance: _____
 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) A. M. M. M. M. D.
Travis Shelly
 (Address) East Prairie, Mo.

Date of onset _____

