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.

REC'D APR 18 1939

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

Do not use this space.

File No. 12114

Registered No.

1. PLACE OF DEATH

93 County St. Clair 2 Registration District No. 766

Township Roscoe 1 Primary Registration District No. 6011

City (No. , St. Ward)

2. FULL NAME (Last) Maggie Kirkland

(a) Residence, No. 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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, ~~OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF: Clark Kirkland

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 6/7/1850

7. AGE: Years 88 Months 9 Days 6 If LESS than 1 day, 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. Retired

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): Pennsylvania

FATHER

13. NAME: Unknown 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pennsylvania 1

MOTHER

15. MAIDEN NAME: Unknown 1

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

17. INFORMANT (ADDRESS): J. B. Kirkland Osceola Mo. R.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE: Roscoe DATE: 3/15/39, 19

19. UNDERTAKER (ADDRESS): F. B. Goodrich Roscoe Mo

20. FILED Mar. 15, 1939 Mrs. F. B. Goodrich, Registrar. 1289

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3/13/39, 19

22. I HEREBY CERTIFY, That I attended deceased from 3-1, 1939, to 3-10, 1939

I last saw him alive on 3-10, 1939. Death is said to have occurred on the date stated above, at 7 P.M. m.

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

Influenza

Date of onset

Other contributory causes of importance:

Senility

Name of operation: no Date of

What test confirmed diagnosis? Clin. diag. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury, 19

Where did injury occur? none
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. none

Manner of injury: none

Nature of injury: none

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify: no

(Signed) J. W. Richardson M. D.

(Address) Tiffin Mo.

RECEIVED
District Health Officer No. 7
District File Number 7-39-601
Date Filed 4-15-39