

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

Do not use this space.

REC'D JUN 15 1939

17950

**1. PLACE OF DEATH**

County Barton Registration District No. 39  
Township Golden City Primary Registration District No. 4023  
City Golden City (No. 1) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Sarah Catherine Kirby  
(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 widowed  
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 4, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
72 6 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

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) Platte Co. Ill.

FATHER 13. NAME Solomon Pippenger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

MOTHER 15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Frank Bennett Golden City Mo.

18. BURIAL, CREMATION, OR REMOVAL Wade Co.  
Place Pippenger Cem. DATE 5/26/39

19. UNDERTAKER (ADDRESS) E. A. Phillips Golden City, Mo.

20. FILED May 29 1939 Mrs. Margaret Sizer Reg. 301

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24 1939

22. I HEREBY CERTIFY, That I attended deceased from January 18 1939 to May 24 1939  
I last saw him alive on May 23 1939. Death is said to have occurred on the date stated above, at 6:30 p.m.

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

Cerebral hemorrhage due to Nitro Glycerin

Date of onset 4 months

Other contributory causes of importance:

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? clinical Was there an autopsy? no

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? no  
If so, specify \_\_\_\_\_

(Signed) S. M. B. Sizer, M. D.  
301 (Address) Golden City, 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.

RECEIVED

District Health Officer No. 6,

District File Number 6-6-39-1137

Date Filed JUN 2 1939