

DEC'D JUN 29 1939

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

19329

Do not use this space.

1. PLACE OF DEATH
 (a) County NEWTON Registration District No. 609
 (b) Township _____ Primary Registration District No. 4363 Registered No. 68
 (c) City NEOSHO (d) Street No. SALE-BOWMAN HOSPITAL St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME CHARLES J. KIRK
- (a) Residence, No. _____ St. _____ (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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>DIVORCED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>JESS KIRK</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>JAN 1 1871</u>		
7. AGE YEARS <u>68</u>	MONTHS <u>4</u>	DAYS <u>14</u>
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>SALESMAN</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>(BONDS)</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) <u>NEOSHO</u> (STATE OR COUNTRY) <u>MISSOURI</u>		
FATHER	13. NAME <u>D.H. KIRK</u>	
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>ENGLAND</u>		
MOTHER	15. MAIDEN NAME <u>ELIZABETH JAMESON</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>ILLINOIS</u>		
17. INFORMANT <u>Wm Kirk</u> (ADDRESS) <u>NEOSHO MO</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>TODDIE CEMETERY</u> DATE <u>MAY 18, 1939</u>		
19. FUNERAL DIRECTOR (NAME) <u>Ashley Bigham</u> (ADDRESS) <u>NEOSHO MO</u>		
20. FILED <u>6-5</u> 1939 <u>Anna C. Salmond</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1939, to May 14, 1939. I last saw him alive on May 14, 1939. Death is said to have occurred on the date stated above, at 5:30 a.m. The principal cause of death and related causes of importance were as follows:
Chronic interstitial nephritis
Uremia
 Date of onset _____

Other contributory causes of importance: 1/31

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) C. E. Mameas, M. D.
 (Address) Neosho, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Don Reed

Registered Apprentice No. *102*

working under my personal supervision.

Signed

J. Bigham

Licensed Embalmer No. *2689*

P. O. Address *Neesho Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.