

REC'D JUN 22 1939

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

 19341
 Do not use this space.

1. PLACE OF DEATH

 (a) County Newton Registration District No. 611
 (b) Township Racine (Dayton) Primary Registration District No. 5-815
 (c) City _____ (d) Street No. _____
 (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.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME

 (a) Residence, No. 610 John Wesley Kirby St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

 3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Elsie Kirby
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 16, 1891
 7. AGE YEARS 47 MONTHS 5 DAYS 29 If LESS than 1 day, _____ hrs. or _____ min.

 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as 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) Mrs. Donald Co. (STATE OR COUNTRY) Missouri
 FATHER 13. NAME John Kirby
 14. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) Missouri

 MOTHER 15. MAIDEN NAME Arena Robinson
 16. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) Illinois
17. INFORMANT (ADDRESS) Elsie Kirby
Racine Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Neosho 2007. Cn. DATE 19-17-3919. FUNERAL DIRECTOR (NAME) Wiley Thompson (ADDRESS) Neosho Mo.20. FILED May 10, 1939 Merle Sparlin Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-15-3822. I HEREBY CERTIFY, That I attended deceased from 10-10-38, 1938, to 10-15-38, 1938I last saw him alive on 10-14-38, 1938. Death is said to have occurred on the date stated above, at 10:00 P. m.

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

Cerebral hemorrhage 10/10/38Other contributory causes of importance: g.d.Name of operation none 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 none

Nature of injury _____

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

If so, specify _____

(Signed) W. C. Barnard M. D.(Address) Neosho Mo.

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 6-6-39-1200

Date Filed JUN 8 1939

FEB 17 1954

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, _____

Barley Thompson, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed Barley Thompson

Licensed Embalmer No. 3259

P. O. Address Neosho 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.