

SEP 6 1939

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

29726
Do not use this space.

1. PLACE OF DEATH

(a) County Mississippi Registration District No. 576
 (b) Township Springfield Primary Registration District No. 5762
 (c) City North Charleston (d) Street No. _____ 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.

Registered No. 83

2. PRINT FULL NAME MONROE KIRKLAND

(a) Residence, No. Charleston Mo R#3 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 Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1, 1911

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
28 1 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
 10. Date deceased last worked at this occupation (month and year) July 30, 1939 11. Total time (years) spent in this occupation. 18

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clarksdale, Miss

FATHER 13. NAME Willie Kirkland

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K.

MOTHER 15. MAIDEN NAME Lenas Bat

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Philadelphia Mississippi

17. INFORMANT (ADDRESS) Sandy Woods Charleston Mo R#3

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cemetery DATE 8/13 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Jeri Pharrsche F.S. Charleston Mo

20. FILED 8-14- 1939 F O Vernon Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/12 1939

22. I HEREBY CERTIFY, That I attended deceased from Year 1919 to Year 1939

I last saw deceased at home by a doctor Death is said to have occurred on the date stated above, at 2:00 A.M.
 The principal cause of death and related causes of importance were as follows:

Had a large abscess on back possibly a Carbuncle; Infection & Tetanus from same caused death. Date of onset 1936

Other contributory causes of importance: none

Name of operation none Date of _____

What test confirmed diagnosis? Ch. G. P. T. Was there an autopsy? no

23. If death was due to external causes (violence), list 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) J Frank Vernon M. D.

742 (Address) Charleston 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. 2

District File Number 939-125

Date Filed 9-2

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.....

John F. Hummel Jr
working under my personal supervision.

Registered Apprentice No.....

Signed John F. Hummel Jr

Licensed Embalmer No. 3851

P. O. Address Charleston W

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.