

1939 OCT 12 1939

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

Do not use this space.

32850

1. PLACE OF DEATH

County Lewis

Township

City Canton

Registration District No. 477

Primary Registration District No. 4256

(No. Canton Community Hospital)

File No.

Registered No. 34

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Earl Kilbride

(a) Residence, No. Baring, Mo. 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

Male

4. COLOR OR RACE

White

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

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 11, 1913

7. AGE

YEARS

26

MONTHS

6

DAY

1

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION

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

Surveyor

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)

Baring

(STATE OR COUNTRY)

Missouri

FATHER

13. NAME

J. J. Kilbride

14. BIRTHPLACE (CITY OR TOWN)

Adair County

(STATE OR COUNTRY)

Missouri

MOTHER

15. MAIDEN NAME

Mary Ellen Killday

16. BIRTHPLACE (CITY OR TOWN)

Adair County

(STATE OR COUNTRY)

Missouri

17. INFORMANT

(ADDRESS)

J. J. Kilbride  
Baring, Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE Adair, Missouri DATE Sept. 14, 1939

19. UNDERTAKER

(ADDRESS)

Easley Funeral Home  
Brashear, Mo.

20. FILED

Sept. 14, 1939 H. W. Harris Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

to have occurred on the date stated above, at 3: P. a. m.

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

Earl Kilbride came to his death from injuries received when the car in which he was either driving or riding in was wrecked.

Date of onset

Other contributory causes of importance:

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 Accident Date of injury 9/12, 1939

Where did injury occur? 96 highway west of Canton Lewis County, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Mo. on highway.

Manner of injury Car wreck

Nature of injury Internal injuries.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Do not know.

(Signed) Earl H. Barkley Coroner M. D.

(Address) Canton, 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. 10

District File Number 10-89-1729

Date Filed OCT 5 1939