

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

Do not use this space.

29935

1. PLACE OF DEATH
 County Lebanon Registration District No. 866
 Township Current Primary Registration District No. 6146
 City 630 (No. 0) St. _____ Ward _____

2. FULL NAME Eda Kirkman Creech
 (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 F 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 James Creech

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 31 1885

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>54</u>	<u>7</u>	<u>28</u>	

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) June 1940

11. Total time (years) spent in this occupation. 35

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Summersville Mo

FATHER

13. NAME Henry Kirkman

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

MOTHER

15. MAIDEN NAME Smeth

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

17. INFORMANT James Creech
 (ADDRESS) 630 Current Creek

18. BURIAL, CREMATION, OR REMOVAL PLACE Good Shepherd DATE 6-30-40

19. UNDERTAKER Smeth Ferguson
 (ADDRESS) Highway Mo

20. FILED 7-3 1940 Maggie E. Murphy
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28, 1940

22. I HEREBY CERTIFY That I attended deceased from June 28, 1940, to _____, 19____
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 9:00 a.m.
 The principal cause of death and related causes of importance were as follows:
Died suddenly
supposed heart
 Date of onset _____

Other contributory causes of importance: 199

Name of operation _____ 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 _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
785 (Signature) Leslie Lindsey, M. D.
630 (Address) Lebanon Mo

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.

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No. 2B
2-21-40
X22659

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **29935-**
Registrar's No. _____

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. **866**

Primary Registration District No. **6146**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
(a) County **Texas**
(b) City or town **Current T.P.**
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days (Specify whether)

3. (a) PRINT FULL NAME **Ada Kirkman Creek**
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex **7** 5. Color or race **w**
6. (a) Single, widowed, married, divorced **m**
6. (b) Name of husband or wife _____
6. (c) Age of husband, or wife, if alive _____ year

7. Birth date of deceased. (Month) (Day) (Year)
8. AGE: Years **34** Months **7** Days **28**
If less than one day _____ hr. _____ min.

9. Birthplace. (City, town, or county) (State or foreign country)
10. Usual occupation _____

11. Industry or business _____
12. Name _____
13. Birthplace. (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace. (City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____
17. (a) _____ (b) Date thereof. (Month) (Day) (Year)
(Burial, cremation, or removal)
(c) Place: burial or cremation _____
18. (a) Signature of funeral director _____
(b) Address _____

19. (a) **July 3 - 1940** (b) **Maggie E. Murphy**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Texas**
(c) City or town **Rural**
(If outside city or town limits write "RURAL")
(d) Street No. **Current Township**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH Month **June** day **25**
year **1940** hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

July 3 - 1940

SUPPLEMENTAL

