

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.

FILLED NOV 14 1941

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

Do not use this space.

36398/6

1. PLACE OF DEATH

County Washington
Township Breton
City Mineral Point (No.)

Registration District No.
Primary Registration District No. 6117

File No.
Registered No. St. Ward

2. FULL NAME Archie Clyde Kirkendall

(a) Residence, No. DeSoto Mo. St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 23, 1894

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
24 10 17

OCCUPATION
8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. Brakeman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Missouri Pac. R.R.
10. Date deceased last worked at this occupation (month and year) Feb. 10, 1919 11. Total time (years) spent in this occupation 2 yrs.

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

FATHER
13. NAME Ross H. Kirkendall

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Meigs Co. Ohio

MOTHER
15. MAIDEN NAME Mary E. Yeates

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

17. INFORMANT Mrs. Ollie Yancey
(ADDRESS) Farmington Mo. R.I.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bismarck Mo. DATE Feb. 11, 1919

19. UNDERTAKER Hill & Blisphinghoff
(ADDRESS) Bismarck Mo.

20. FILED , 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 10, 1919

22. I HEREBY CERTIFY, That I attended deceased from by inquest duties, to Feb. 10, 1919

I last saw h. # alive on # , 19 . Death is said to have occurred on the date stated above, at 4:10 A. m.

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

By accident while employed as brakeman on train known as Extra South 5206.

Date of onset

Other contributory causes of importance: 169

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 2/10/19

Where did injury occur? Mineral Point Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: industry

Manner of injury falling between freight cars
Nature of injury head cut from body

24. Was disease or injury in any way related to occupation of deceased? YES
If so, specify brakeman

(Signed) Arman R. White Coroner,
(Address) Caledonia Mo.

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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 887

Primary Registration District No. 6179

Registrar's No.

1. PLACE OF DEATH
 (a) County Washington
 (b) City or town Mineral Point
(If outside city or town limits, write "RURAL" and name of township)
 (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 _____
(Specify whether
 In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State _____ (b) County _____
 (c) City or town _____
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Archie C. Kirkendall
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb day _____ year 1919 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 _____

4. Sex m 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 _____ years

7. Birth date of deceased mar 22 1894
(Month) (Day) (Year)

8. AGE: Years 24 Months 10 Days _____
If less than one day (in) min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
 { 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 _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 11-18-1941 (b) Joseph L. Florman
(Date received local registrar) (Registrar's signature)

Duration _____
 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?

(Specify type of place)
 While at work? _____ (e) Means of injury _____
 23. Signature _____ (M. D. or other) _____
 Address _____ Date signed _____

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

SUPPLEMENTARY

NOV 13 1941

NOV 28 1941

S-34396